

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90045 037 \*\*\*150.00

**DOCUMENT # P94000085467**

1. Entity Name

**AMERISOUTH SERVICES CORP.**

Principal Place of Business

**8353 NW 68TH STREET  
MIAMI FL 33166**

Mailing Address

**8353 NW 68TH STREET  
MIAMI FL 33166**

2. Principal Place of Business

**8353 NW 68Th Street**

3. Mailing Address

**8353 NW 68Th Street**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number

**65-0556678**

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CABANA, RICARDO R  
7353 NW 68TH STREET  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**Ricardo R. Cabana**

Street Address (P.O. Box Number is Not Acceptable)

**8353 NW 68Th. Street**

City

**Miami**

**FL**

Zip Code

**33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*[Signature]*

**Ricardo R. Cabana (President) 02-16-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D CASTRO, ADRIANA 8353 NW 68 TH STREET MIAMI FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D CABANA, RICARDO R 8353 NW 68TH STREET MIAMI FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Ricardo R. Cabana 8353 NW 68Th Street Miami, Florida 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D Maria Elisa Sanchez 8353 NW 68Th Street Miami, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**Ricardo R. Cabana (President) 02-16-01 305-220-6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Adriana Castro

5092 N.W. 74<sup>th</sup> St., Miami, FL 33166

Phone: (305) 718-4941

Cell: (305) 812-2662

Attachment  
# P94000083465  
926263

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

February 12, 2001

Gentlemen:

I would appreciate your help with the following matter. The 2001 Uniform Business Report (UBR) for Amerisouth Services Corp., 65-0556678, still shows Adriana Castro as president of the corporation. I have not worked for this company since September 1999 in any capacity. A change was requested on April 24, 2000 on the 2000 UBR. After receiving the 2001 UBR, I called your division and was told that the computer showed the correct information consisting of Ricardo R. Cabana as President and Maria Elisa Sanchez as Treasurer. However, the lady with whom I spoke recommended the 2001 UBR be submitted with the corrections again. Additionally I am submitting this letter as further explanation.

Thank you in advance for your assistance in correcting this misinformation. If you have any questions or need additional information, please call me.

Sincerely,

Adriana Castro  
Adriana Castro