

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004399

1. Entity Name

Pacific Medical Services, Inc.

FILED

02 OCT 28 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

21 7527 West 24th Avenue

7527 West 24th Avenue

Suite, Apt. #, etc.

22 Unit A-1

26 Suite, Apt. #, etc.

Unit A-1

City & State

23 Hialeah FL

27 City & State

Hialeah, FL

Zip

County

24 33016

25 Miami-Dade

28 Zip

County

33016

Miami-Dade

4. FEI Number

65-0548291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Armando Zamora
11880 S.W. 40th Street
Suite 311
Miami, FL 33175

81 Maribel Beltran

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

83 7527 West 24th Avenue, Unit A-1

84 Hialeah

FL 33016

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

SIGNATURE

Maribel Beltran

9/26/02

Signature, typed or printed name of registered agent and title of 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPSTVP ☐ DELETE
NAME Maribel Beltran
STREET ADDRESS 7527 West 24th Avenue, Unit A-1
CITY-ST-ZIP Hialeah, FL 33016

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 400008832864
1.4 CITY-ST-ZIP 11/06/02--01068--026 **600.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 400008832864
2.4 CITY-ST-ZIP 11/06/02--01068--027 **300.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

Maribel Beltran, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/02

Date

Daytime Phone #

9/28/02

REINSTATEMENT 01-02