

DEBIT MEMORANDUM

2

TO :  
DEPT. OF STATE

DATE

FOR OFFICIAL USE

NUMBER

3-3-99

92751

P 95 0000 4888

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	
TRUST	735.75	ACCOUNT CLOSED	2	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	735.75	OTHER	4	

500002839165--9

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		1	35.00
012	45-20-2-130001-45300000-00-000100-00		1	50.00
012	45-20-2-130001-45300000-00-000100-00		1	50.00
012	45-20-2-130001-45300000-00-000100-00		1	72.00
012	45-20-2-130001-45300000-00-000100-00		2	78.75
012	45-20-2-130001-45300000-00-000100-00		4	150.00
012	45-20-2-130001-45300000-00-000100-00		2	150.00
012	45-20-2-130001-45300000-00-000100-00		1	150.00

GRAND TOTAL:

\$ 735.75

92751-A

BUREAU OF  
MANAGING BUDGET AND  
FINANCIAL SERVICES

99 MAR -5 PM 1:35

RECEIVED

Process Date: 02/19/99

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

MIAMI ABLE MEDICAL SUPPLIES INC.

1700 S.W. 57TH AVE. APT. 206  
MIAMI, FL 33155

1010

DATE

02/16/99

63-8376/2670  
113

PAY  
TO THE  
ORDER OF

F-10 12/19/88

RECEIVED OF STAGE

020319922 0507 1591 1111

INSUFFICIENT FUNDS

63-8376/2670

113



Bank  
Atlantic  
Koger Office #113  
8300 N.W. 53 Street  
Miami, FL 33166

FOR NAME CHANGE.

001010 1267083763 0055259855

00000003500

DISHONORED  
PRESENT AGAIN

0402671-97-1263-4727-11-02-0599  
0500003131 5709 5878 84/02-14-88  
080239558

63-83763  
63-8376/2670

State Treasurer





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

March 12, 1999

Miami Able Medical Supplies, Inc.  
1700 SW 57th Ave., Apt. 206  
Miami, FL 33155

SUBJECT: MIAMI ABLE ENTERPRISES, INC.  
Ref. Number: P95000004888

Debit Memo #: 92751-A

This is to inform you that your check #1010 dated February 4, 1999 in the amount of \$35.00 and submitted for MIAMI ABLE ENTERPRISES, INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$50.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Melinda Lilliston  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call  
(850) 487-6900.

Sincerely,  
Melinda Lilliston  
Administrative Assistant II  
Division of Corporations

Letter number: 599A00011984



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 14, 1999

Miami Able Medical Supplies, Inc.  
425 SW 22nd Ave.  
Suite I  
Miami, FL 33135

SUBJECT: MIAMI ABLE MEDICAL SUPPLIES, INC.  
Ref. Number: P95000004888

Debit Memo #: 92751-A

Due to your failure to respond to our previous letter advising you of the returned check #1010, the Amendment for MIAMI ABLE MEDICAL SUPPLIES, INC. has been cancelled and is considered not filed as of April 14, 1999.

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely  
Melinda Lilliston  
Administrative Assistant II  
Division of Corporations

Letter Number: 399A00018993