# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029463

1. Entity Name

ARCO MEDICAL SERVICES INC.

FILED
00 APR 26 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 7938 N.W. 66 Street<br>Miami, Florida 33166 | 7938 N.W. 66 Street<br>Miami, Florida 33166 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 13040 S.W. 17th Terrace<br>Suite, Apt. #, etc. | 13040 S.W. 17th Terrace<br>Suite, Apt. #, etc. |
| City & State: Miami, Florida 33175 | City & State: Miami, Florida 33175 |
| Zip / Country | Zip / Country |

00-00AR

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0578280 ☐ 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 |
|---|---|
| Carmen Perez<br>7938 N.W. 66 Street<br>Miami, Florida 33166 | Name: Carmen Perez<br>Street Address (P.O. Box Number is Not Acceptable): 13040 S.W. 17th Terrace<br>City: Miami **FL** Zip Code: 33175 |

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: Carmen Perez P  DATE: 4-18-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Carmen Perez<br>7938 N.W. 66 Street<br>Miami, Florida 33166 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Carmen Perez<br>13040 S.W. 17th Terrace<br>Miami, Florida 33175 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 100003245031--3<br>-05/09/00--01102--005<br>****300.00 ****300.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SP | ☐ Change ☐ Addition |

CR2E034 (9/99)

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:** Carmen Perez P  Carmen Perez, Director  4-18-00  305-223-1280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Arco Medical Services Inc.
13040 S.W. 17th Terrace
Miami, Florida 33175
(305) 223-1280

April 18, 2000

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

Re: Arco Medical Services Inc.

Dear Sir or Madam:

Please be advised that in lieu of not receiving a pre-printed 2000 Annual Report, I telephoned and requested a blank form from the Secretary of State. Upon receipt of the blank form I telephoned Tyron of the Secretary of State to obtain the current information listed. I was advised by him that the corporation was administratively dissolved for not filing the 1999 Annual Report on September 24, 1999. Upon reviewing the information we noticed the address was incorrect, therefore, we never received any notifications. Pursuant to my telephone conversation with Tyron, I am enclosing the 2000 Annual Report, along with our check in the amount of $300.00 representing the fee for 1999 and 2000. I ask that you kindly waive any late fees due to the circumstances mentioned above.

Your attention to this matter is greatly appreciated, and should you have any questions, please do not hesitate to contact me.

Sincerely,

Arco Medical Services Inc.

By: _____
Carmen Perez, President