

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90237 048 ***150.00

DOCUMENT # P95000046642

1. Entity Name

ABC MED WAY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9838 NE. 2nd. AVENUE

3. Mailing Address

9838 NE. 2nd. AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI SHORES FL

City & State

MIAMI SHORES, FL

4. FEI Number

65-0595290

Applied For

Not Applicable

Zip

33138

Country

MIAMI DADE

Zip

33138

Country

MIAMI DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CRISOLOGO, FLOR DE MARIA

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

9838 NE. 2nd. AVENUE

City

MIAMI SHORES

FL

Zip Code
33138

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CRISOLOGO, FLOR
STREET ADDRESS	9838 NE. 2nd. AVENUE
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Flor de Maria Crisologo

Date

4/24/03

Daytime Phone #

305-759-7255

CR2E034B (12/02)

**DO NOT WRITE
IN THIS SPACE**