

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000045171**

1. Entity Name

ALL CARE MEDICAL SUPPLIES CORP.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90052 009 ***150.00

0210388

Principal Place of Business

**7601 N.W. 68TH STREET
SUITE 102
MIAMI FL 33166**

Mailing Address

**7601 N.W. 68TH STREET
SUITE 102
MIAMI FL 33166****00026444**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0667472**Applied For
Not Applicable5. 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

**GONZALEZ, ANGELA
37 E. 44TH STREET
HIALEAH FL 33013**

Name

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

City

FL

Zip Code

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, 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 State10. 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	PVST GONZALEZ, ANGELA 37 E. 44TH STREET HIALEAH FL 33013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ANGELA 37 E. 44TH STREET HIALEAH FL 33013	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

attachment
#P96000045171
D0026242

LAW OFFICES OF
JOSE M. MARQUEZ, P.A.
782 Northwest LeJeune Road
Suite 548 * LeJeune Centre
Miami, Florida 33126
E-mail: Jmar551313@aol.com

JOSE M. MARQUEZ
MARCELO L. LESCANO
AIMEE L. NUNEZ
KAREN MARQUEZ
THOMAS B. DUFF (1918-1995)

TELEPHONE (305) 447-1160
FAX (305) 447-1194

OF COUNSEL
GEORGE T. PALLAS

March 12, 2001

Florida Department of State
Division of Corporations
Uniform Business Reports (UBR)
P. O. Box 1500
Tallahassee, FL 32302-1500

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

RE: Nineteen (19) 2001 Uniform Business Reports (UBR)

Dear Sir or Madam:

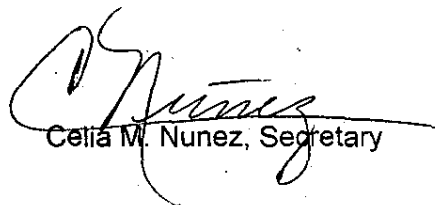
Enclosed please find Nineteen (19) 2001 Uniform Business Reports together with the corresponding checks covering the filing fees, in reference with the following Companies:

ARENAL BUILDING ENTERPRISES, INC.
MART MANAGEMENT, INC.
4040 E. 4 AVE. BUILDING, INC.
SHERIDAN ENTERPRISES, INC.
COLINDRES BUILDING, INC.
COMILLAS LAND, INC.
AMPUERO ENTERPRISES, INC.
SILVER INSURANCE AGENCY, INC.
D.L.D. INVESTMENTS, INC.
DALE INVESTMENTS, INC.

DALARD SUNSET INVESTMENTS, INC.
VALDIAS PROPERTIES, INC.
KENSINGTON ENTERPRISES, INC.
REALBLOC, INC.
GRANADA SHOPPING PLAZA, INC.
ALPEN STAR ENTERPRISES, INC.
JACK OF MIAMI SUB & SALAD PLACE
V.H. ENTERPRISES, INC.
B & S DRUGS, INC.

If you would require any additional information, please do not hesitate to contact the undersigned at your earliest convenience.

Sincerely,


Celia M. Nunez, Secretary

cn
Enclosures