

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

Page 1 of 2

FILED

02 AUG -2 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/09/02--01020--011
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # p97000017934

1. Entity Name

Sure Med Medical Services, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 SW 82 AVE.

Suite, Apt. #, etc.

3. Mailing Address

250 SW 82 ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

City & State

Miami, FL

Zip

33144

Country

4. FEI Number

65-0734187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eileen Luis

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

250 SW 82 ave.

City

Miami

FL

Zip Code

33144

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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.

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Eileen Luis	250 SW 82 AVE	Miami, FL 33144				
VP	Adekunle Bello	250 SW 82 AVE.	Miami, FL 33144				
VP	Jose Martinez	250 SW 82 ave.	Miami, FL 33144				
ST	Danielle Lucien	250 SW 82 AVE	Miami, FL 33144				

**DO NOT WRITE
IN THIS SPACE**

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 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 #

ELY'S RESIDENCE, INC.
DOC. # P97000017934

PMcL

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

*we did not receive first Nor Second Notice
of the Report (UBR) Please waive our late
fees.*

CORDIALLY

E. Luis
EILLEN LUIS
PRESIDENT