

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

02-03

FILED

03 JUN 10 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045268

1. Entity Name

D & S THERAPY SERVICES CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1821 SW 162 AVE

3. Mailing Address

1821 SW 162 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number

65-0753995

Applied For

Not Applied

Zip

33027

Country

Zip

33027

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SANDRA M MONTERO

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

1821 SW 162 AVE

City MIRAMAR

FL

Zip Code  
33027

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May  
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE  
NAME P/D/SANDRA M MONTERO/1821 SW 162  
STREET ADDRESS AVE MIRAMAR FL 33027  
CITY - ST - ZIP

TITLE  
NAME V.P/SECRETARY/SANTADER  
STREET ADDRESS MONTERO/1821 SW 162 AVE/MIRAMAR, FL  
CITY - ST - ZIP 33027

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**DO NOT WRITE  
IN THIS SPACE**

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 of the above empowered.

SIGNATURE:

06/02/03

*Attachment*

D & S THERAPY SERVICES CORPORATION  
1821 SW 162 AVE  
MIRAMAR FL 33027  
FEI# 65-0753995

*June 02, 2003*

FLORIDA DEPARTMENT OF STATE  
DOC# 97000045268

RE: UNIFORM BUSINESS REPORT

PLEASE I'M SENDING MY UNIFORM BUSINESS REPORT LATE  
BECAUSE I NEVER RECEIVED MY REPORT FOR THE YEAR 2002  
AND 2003. ENCLOSED IS A CHECK IN THE AMOUNT OF \$300.00.

PLEASE WAIVED THE CHARGES AND PENALTIES.

SINCERELY YOURS,



SANDRA MONTERO  
PRESIDENT