

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055234

1. Entity Name

A & B MEDICAL SERVICES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91307 033 ***150.00

Principal Place of Business

3934 SW 8 ST
MIAMI FL 33134
US

Mailing Address

POB 720236
MIAMI FL 33172
US

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 65-0781755

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

GALVEZ, ELVIRA
1758 W 58 ST
HIALEAH FL 33012

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 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 D ☐ Delete
NAME GALVEZ, ELVIRA
STREET ADDRESS 1758 W 58 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

5/1/01

Date

305 4085656

Daytime Phone #

CR2E034 (10/00)

Attachment

657968

DOC# P97000055234



A & B MEDICAL SERVICES, INC.

May 10, 2001

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: A & B MEDICAL SERVICES
DOCUMENT #P97000055234

To Whom it may concern:

Enclosed please find the 2001 Uniform Business Report and check for the 2001 filing fee. Please accept this check in the amount of \$150.00. It has been an oversight on my behalf. I was incorrectly under the impression that the deadline was May 31. We have never filed late and intend to never file late again.

I respectfully request for you to forgive my oversight and renew the corporation.

Sincerely,

Elvira Ojeda

encl.

P.O. BOX 720236 MIAMI, FL 33172-0004 TEL: (305) 408-5656