


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000012230**

1. Entity Name
Affordable Home Care and Medical Equipment inc



FILED

03 MAR 31 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9910 N.W. 80th AVE

3. Mailing Address
Same

Suite, Apt. #, etc.
Unit 2-H

City & State
Hialeah Gardens, Florida

City & State
City & State

Zip
33016

Country
US

Zip
33016

Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0812336**

Applied For
☐ Not Applicable

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 **Carlos Bernier**

Street Address (P.O. Box Number is Not Acceptable)
20002 N.W. 62 Place

City **Miami** FL Zip Code **33015**

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 *Carlos Bernier* **03-22-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	President Carlos Bernier 20002 N.W. 62 Place Miami FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800014905828 03/28/03--01038--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800014905828 03/28/03--01038--002 **150.00
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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: *Carlos Bernier* **03-22-03** **305 362-0633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

2/4/1

Affordable Home Care & Medical Equipment, Inc

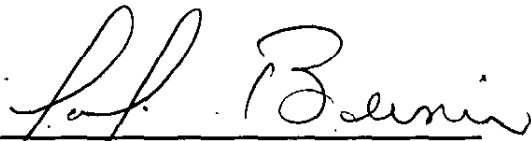
9910 N.W. 80TH Avenue, Suite 2H Hialeah Gardens, Florida 33016

Phone: 305 362 0633 Fax: 305 362 0663

Date: March 25, 2003

ATTN: Florida Department of state

~~These is a latter to inform you that last year we didn't received the annual report for 2002 so that's why we was not able to renew are corporation last year that why we are requesting that all late fee are wave. We are sending two checks for the amount of \$150.00 are for year 2002 and for year 2003~~
Thank your very much

A handwritten signature in cursive script, appearing to read 'C. Bernier', is written over a horizontal line.

Carlos Bernier