

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086237

1. Entity Name

A+C Dialysis Service, Inc.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90099 002 \*\*\*150.00

Principal Place of Business

Mailing Address

651 East 25 St., Room #610  
Hialeah, Fl. 33013

00055783

2. Principal Place of Business

651 East 25 St., Room #610  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3216  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

Zip  
33013

Country

U.S.A.

City & State

Hialeah, FL

Zip

33013-3216

Country

U.S.A.

4. FEI Number

65-0871340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Cabrera & Associates, Inc.  
4201 S.W. 11th Street  
Miami, Florida 33134

7. Name and Address of New Registered Agent

Name: Rawl Cabrera, Esq.  
Street Address (P.O. Box Number is Not Acceptable):  
4201 S.W. 11 Street  
City: Miami, FL Zip Code: 33134

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

4-24-00

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, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIRO MARRERO	
STREET ADDRESS	777 East 25 St., Ste #508	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCIO C. FEREZ	
STREET ADDRESS	777 E. 25 St., Suite #508	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAYME MARRERO	
STREET ADDRESS	777 East 25 St., Suite #508	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIRO MARRERO, JR.	
STREET ADDRESS	777 East 25 St., Suite #508	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raquel Hernandez	
STREET ADDRESS	P.O. Box 140465	
CITY-ST-ZIP	Coral Gables, FL 33114	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josefina Coste	
STREET ADDRESS	10521 S.W. 13 Ct.	
CITY-ST-ZIP	Pembroke Pines, FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-24-00 (305) 693-9250

CR2E034 (9/99)