

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # S99851

1. Entity Name

ALL NURSING SERVICES, INC.

Principal Place of Business

**1800 NE 26TH STREET
WILTON MANORS FL 33305**

Mailing Address

**1800 NE 26TH STREET
WILTON MANORS FL 33305-1415**

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

65-0299985

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROTHBERG, CPA, ALAN
3101 NO. FEDERAL HIGHWAY
#302
FT. LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name
American Express Tax & Business Services, Inc.

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

2745 West Cypress Creek Road

City **FT. Lauderdale**

FL

Zip Code
33309

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

Alan Rothberg
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/2/00

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 **P** ☒ Delete
NAME **CRAWFORD, PATRICE**
STREET ADDRESS **2517 MIDDLE RIVER DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **ESTRA, JORDAN M.**
STREET ADDRESS **5888 North Ocean Blvd**
CITY-ST-ZIP **Ocean Ridge, FL 33435**

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

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

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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 807, 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:

Jordan Mark Estrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORDAN MARK ESTRERA

6/14/00

Date

994-9600 X109

Daytime Phone #

CR2E034 (9/99)