

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 447970

1. Entity Name

ALL MEDICARE HOME AIDS, INC.

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

01-26-2000 90117 005 \*\*\*150.00

Principal Place of Business

3400 SW 26 TERR  
 2-A  
 FT LAUDERDALE FL 33312  
 US

Mailing Address

3400 SW 26 TERR  
 2-A  
 FT LAUDERDALE FL 33312-5068  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

A-2

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

A-2

City & State

Zip

Country

4. FEI Number

59-1520227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVEY, LEWIS J E  
 2655 LE JEUNE RD  
 SUITE 1108  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME LEVEY, HARRY  Delete  
 STREET ADDRESS 3400 SW 26 TERR #2A  
 CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE  Change  Additic  
 NAME  
 STREET ADDRESS suite # A-2  
 CITY-ST-ZIP

TITLE S  
 NAME MEKRAS, GEORGE  Delete  
 STREET ADDRESS 4220 GRANADA BLVD  
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE  Change  Additic  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 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)(j), 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]* HARRY Levey 1/26/2000 (954) 991-2400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #