

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N99000004668**

1. Entity Name

**UNITED HOME CARE SERVICES OF BROWARD, INC.**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90482 038 \*\*\*\*61.25

Principal Place of Business <b>5255 NW 87 AVE STE 400 MIAMI FL 33166</b>	Mailing Address <b>5255 NW 87 AVE STE 400 MIAMI FL 33178-2100</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0954947</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TOME, JAY R  
 C/O BERMEDEZ & TOME, PA  
 2701 PONCE DE LEON BLVD  
 CORAL GABLES FL 33134**

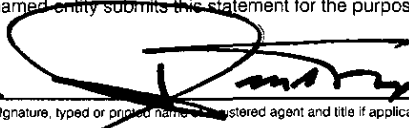
**7. Name and Address of New Registered Agent**

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  \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Fernandez-GUZMAN, CARLOS 230 Westward Drive Miami Springs, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Fox, Jose R. 5255 NW 87th Ave. #400 Miami, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Baird, Julie 14750 NW 77 Court Miami-Lakes, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

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

CR2E037 (9/99)