

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000001182**

1. Entity Name

A.S.A. HOME CARE SERVICES, INC.**FILED**
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90069 049 ***158.75

Principal Place of Business

Mailing Address

144 MADEIRA AVE.
CORAL GABLES FL 33134
US**144 MADEIRA AVE.**
CORAL GABLES FL 33134-4516
US

2. Principal Place of Business

8700 WEST FLAGLER STREET

3. Mailing Address

8700 WEST FLAGLER STREET

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0462280

Applied For

Not Applicable

Zip

33174

Country

MIAMI DADE

Zip

33174

Country

MIAMI DADE5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIMENEZ, DIEGO A
846 NW 134 PL.
MIAMI FL 33182

Name

DIEGO A. JIMENEZ

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

9735 NW 6th TERRACE

City

MIAMI**FL**Zip Code
33172

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.

DIEGO A. JIMENEZ**03/03/00**

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 State10. 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** ☒ Delete
NAME **JIMENEZ, DIEGO A**
STREET ADDRESS **846 NW 134 PL.**
CITY-ST-ZIP **MIAMI FL**TITLE **PD** ☒ Change ☐ Addition
NAME **JIMENEZ, DIEGO A.**
STREET ADDRESS **9735 NW 6th TERRACE**
CITY-ST-ZIP **MIAMI, FLORIDA 33172**TITLE **VTDS** ☐ Delete
NAME **CAMPILLO, DULCE M**
STREET ADDRESS **10249 NW 9TH ST., CIRCLE**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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 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

03/03/00

Date

(305) 447-6516

Daytime Phone #

CR2E034 (9/99)