

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90115 022 ***150.00

DOCUMENT #

1. Entity Name **P98000032848**

Our Sweet Home Care ALF Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2435 S.W. 82ND AVENUE

3. Mailing Address
2435 S.W. 82ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL 33155

City & State
MIAMI, FL 33155

4. FEI Number
65-0865841

Applied For
Not Applicable

Zip
33155

Country

U.S.A.

Zip
33155

Country

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

P98000032848

Name
TERESA YERN

Street Address (P.O. Box Number is Not Acceptable)
2435 S.W. 82ND AVENUE

City
MIAMI

FL

Zip Code
33155

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) ☐ **2435 S.W. 82ND AVENUE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PO YERN, TERESA
2435 S.W. 82ND AVENUE
MIAMI, FL 33155

33155 U.S.A. 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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2435 S.W. 82ND AVENUE

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65-0865841

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TERESA YERN

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IN THIS SPACE**

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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)(f), 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 on an attachment with an address, with all other like empower.

SIGNATURE: *Teresa Yern*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

Daytime Phone #

CR2E034B (12/01)