FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State
07-25-2003 90096 050 ***150.00

DOCUMENT # P98000022848

Entity Name
OUR SWEET HOME CARE ALF CORP.

(L) ✓

DO NOT WRITE IN THIS SPACE

10110493

Principal Place of Business	3. Mailing Address
2435 N.W. 82 AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FLA.	City & State
Zip: 33155 Country: U.S.A.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0865841 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TERESA YERN

Street Address (P.O. Box Number is Not Acceptable): 2435 N.W. 82 AVE.

City: Miami FL Zip Code: 33155

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

PRESIDENT / SECRETARY TERESA YERN 2435 N.W. 82ND AVENUE Miami FLA. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa Yern 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

10110493

#P98000032848

36341

63-945/660

Name Our Sweet Home ALF Corp

Account No 5200100794

DATE 4-29-03

PAY TO THE ORDER OF Department of State

$ 150.00

One Hundred Fifty And no 00 DOLLARS

Continental National Bank of Miami
Bird Road Office
8603 SW 40 Street
Miami, Florida 33155

FOR Item # P98000032848 Dec 2003

[redacted]

Attachment

101104493
P98000032848

July 22, 2003

Department of State

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re:
Our Sweet Home Care Alf Corp.
Document # **P98000032848**
2435 N.W. 82 Avenue
Miami, Florida 33155

Gentleman:

Enclosed please find copy of Annual Report and the check that was sent on April 29, 2003 and apparently was lost.

We are sending a replacement check in the amount of $ 150.00 to cover the fees.Please abate any penalties since the form was sent on time.

Thanking you for your cooperation in this matter.

Cordially

Our Sweet Home Care Alf Corp.

Teresa Yern

Teresa Yern-Gonzalez