

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 23, 2000 8:00 am
Secretary of State

04-26-2000 90062 048 ***150.00

DOCUMENT # P99000005937

1. Entity Name

HANA CARE, INC.

Principal Place of Business

**4074 ALESBURY DR
JACKSONVILLE FL 32224**

Mailing Address

**4074 ALESBURY DR
JACKSONVILLE FL 32224-2232**

2. Principal Place of Business

9551 Baymeadows RD

3. Mailing Address

9551 Baymeadows RD

Suite/Apt. #, etc.

16

Suite/Apt. #, etc.

16

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32256

Country

Dual

Zip

32256

Country

Dual

4. FEI Number

59 356 0191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZAHRA, ATEF R.P.T.
4074 ALESBURY DR
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name

ATEF ZAHRA R.P.T.

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

9551 Baymeadows RD Suite 16

City

Jacksonville

FL

Zip Code

32256

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

4-20-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZAHRA, ATEF R.P.T.	
STREET ADDRESS	4074 ALESBURY DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ZAHRA ATEF R.P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHRA ATEF R.P.T.	
STREET ADDRESS	9551 Baymeadows RD Suite 16	
CITY-ST-ZIP	Jacksonville FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF REGISTERED AGENT

4-20-00 904 367-8661

Date

Daytime Phone #