

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **447970**

Entity Name

**ALL MEDICARE HOME AIDS, INC.****FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90089 010 \*\*\*150.00

0254834

Principal Place of Business

Mailing Address

**3400 SW 26 TERR  
A2  
FT LAUDERDALE FL 33312  
US****3400 SW 26 TERR  
A2  
FT LAUDERDALE FL 33312  
US****00031491**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1520227**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

**LEVEY, LEWIS J E  
2655 LE JEUNE RD  
SUITE 1108  
CORAL GABLES FL 33134****Name** Levey, Lewis JE  
**Street Address (P.O. Box Number is Not Acceptable)** 1320 South Dixie Highway  
Penthouse 1275  
**City** Coral Gables, **FL** **Zip Code** 33146

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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVEY, HARRY	
STREET ADDRESS	3400 SW 26 TERR A2	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	MEKRAS, GEORGE	
STREET ADDRESS	4220 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33146	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY Levey 4/3/01 (954) 791-2400  
Date Daytime Phone #

CR2E034 (10/00)