

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702018

1. Entity Name

VISITING NURSE ASSOCIATION OF MIAMI-DADE, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90037 024 ****70.00

Principal Place of Business	Mailing Address
7715 NW 48TH STREET SUITE 200 MIAMI FL 33166 US	7715 NW 48TH STREET SUITE 200 MIAMI FL 33166-5455 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-0654591	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

FUENTES, GUS, JR.
7715 NW 48 ST SUITE 200
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	HUTSON, JAMES J
STREET ADDRESS	1650 NW 9TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> Delete
NAME	GIBSON, THELMA
STREET ADDRESS	3661 FRANKLIN AVENUE
CITY-ST-ZIP	COCONUT FL
TITLE	VD <input type="checkbox"/> Delete
NAME	OMS, ERNEST E
STREET ADDRESS	9601 SW 119 CT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	TED <input type="checkbox"/> Delete
NAME	BOUE, LUIS E
STREET ADDRESS	3001 PONCE DE LEON BLVD., SUITE 211
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	MOSS, GLADYS
STREET ADDRESS	4100 NW 11 AVE
CITY-ST-ZIP	MIAMI FL 33127
TITLE	D <input type="checkbox"/> Delete
NAME	SOSA, SUSANA
STREET ADDRESS	1611 NW 12 AVE
CITY-ST-ZIP	MIAMI FL 33136

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, THELMA
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, SUSANA
STREET ADDRESS	JMH - MENTAL HEALTH HOSPITAL CENTER
CITY-ST-ZIP	1695 NW 9TH AVE., MIAMI, FL 33136

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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
Gus Fuentes, Jr.

1/5/00 (305) 477-7676

Date Daytime Phone #

CR2E037 (9/99)