

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702018

1. Entity Name

VISITING NURSE ASSOCIATION OF MIAMI-DADE, INC.

Principal Place of Business

7715 NW 48TH STREET
SUITE 200
MIAMI FL 33166
US

Mailing Address

7715 NW 48TH STREET
SUITE 200
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0654591

Applied For

Not Applicable

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTSON, JAMES J. EPWORTH VILLAGE, APT. 111 - 5300 WEST 16 AVE., HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, THELMA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OMS, ERNEST E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIL, FRANCIS R. 2641 N.W. 207 STREET AVENTURA, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOSA, SUSANA MENTAL HEALTH HOSP. - 1695 NW 9TH AVE. MIAMI, FL 33136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/01

(305) 477-7676

Date

Daytime Phone #

CR2E037 (10/00)