

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90013 025 \*\*\*150.00

**DOCUMENT # K49397**

1. Entity Name

**ESTHER HOME CARE, INC.**

Principal Place of Business

Mailing Address

**13908 SW 26 TERRACE  
 MIAMI FL 33175**

**13908 SW 26 TERRACE  
 MIAMI FL 33175-6560**

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

**65-0092990**

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

**HERRYMAN, ESTHER  
 8230 S.W. 32ND TERRACE  
 MIAMI FL 33155**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **HERRYMAN, ESTHER**  
 STREET ADDRESS **13908 SW 26 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

**NOT REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment

845476

Doc# K49397

May 17, 2001

Division of Corporations  
Department of State  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

The following letter is to inform you that I, Esther Harryman of Esther Home Care Inc. would like to excuse myself for the late response in the renewal of my corporation. Due to unexpected traveling plans, I was not able to mail out on time these documents. Please find enclosed a check for the amount of \$150.00 for the renewal of my corporation.

Sincerely,

  
Esther Harryman