

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90516 030 ***150.00

DOCUMENT # K52809

1. Entity Name
RELIABLE CARE INC.

Principal Place of Business

**7275 N.W. 68 STREET
 BAY #6
 MIAMI FL 33166
 US**

Mailing Address

**7275 N.W. 68 STREET
 BAY #6
 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 **65-0090431**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIVERA, OSCAR
 8650 SW 5TH ST
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **ALEXANDER HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
471 NW 82 AV #712
 City **MIAMI** FL **33126**

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 *Alexander Hernandez* **ALEXANDER HERNANDEZ, PRESIDENT** **01/19/01**
Signature of person or persons authorized to change registered office or 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

TITLE **P** ☒ Delete
 NAME **RIVERA, OSCAR**
 STREET ADDRESS **8650 S.W. 5 STREET**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **ALEXANDER HERNANDEZ**
 STREET ADDRESS **471 NW 82 AV #712**
 CITY-ST-ZIP **MIAMI, FL 33126**

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

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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: *Alexander Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/01 **(305) 805 8516**
 Date Daytime Phone #

CR2E034 (10/00)

0209772