

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59740

1. Entity Name

UNIVERSAL HOME RESPICARE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90185 035 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 530524
MIAMI SHORES FL 33153
US

PO BOX 530524
MIAMI SHORES FL 33153-0524
US

2. Principal Place of Business

3. Mailing Address

1911 S.W. 101 AVE

P.O. BOX 260547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIRMAR PL

PEMBROKE PINES FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33025

USA

33026

USA

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

GREENE, MICHAEL
11020 N.W. 15 STREET
PEMBROKE PINES FL 33026

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, MICHAEL 11020 N.W. 15 STREET PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GREENE, MARTIN GLORIA 11020 N.W. 15 STREET PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00 (954) 431-5315

CR2E034 (9/99)