

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90065 039 \*\*\*\*50.00

**DOCUMENT #** L01000021983

**1. Entity Name**

CarePlus Transportation, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

55 Alhambra Plaza, 7th FL

Suite, Apt. #, etc.

**3. Mailing Address**

55 Alhambra Plaza, 7th FL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Coral Gables, FL

**City & State**

Coral Gables, FL

**4. FEI Number**

26-0010807

**Applied For**

Not Applicable

**Zip**  
33134

**Country**  
USA

**Zip**  
33134

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

American Information Services, Inc.

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

One S.E. Third Avenue, 28th Floor

**City**

Miami

**FL**

**Zip Code**  
33131

**DO NOT WRITE  
IN THIS SPACE**

**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

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGR  
FERNANDEZ, MIGUEL B.  
55 Alhambra Plaza, 7th FL  
Coral Gables, FL 33134

**TITLE**  
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**STREET ADDRESS**  
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**DO NOT WRITE  
IN THIS SPACE**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

Miguel B. Fernandez, Manager

9/16/02 305-441-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

Attachment

981007

**CarePlus Transportation, LLC**  
55 Alhambra Plaza, 7<sup>th</sup> Floor  
Coral Gables, Florida 33134

September 13, 2002

Florida Secretary of State  
Uniform Business Reports  
Division of Corporations  
P. O. Box 6478  
Tallahassee, Florida 32314

Re: CarePlus Transportation, LLC (the "Company")  
Document No. L01000021983

Sir / Madam:

Please note that the Company never received the 2002 Uniform Business Report (UBR) mailed to all companies at the beginning of the year. I believe this was due to the fact that the address of the Company was changed. The new address is

55 Alhambra Plaza, 7<sup>th</sup> Floor, Coral Gables, Florida 33134

At this time, the Company is filing the 2002 UBR and paying the regular fee of \$50.00. Please file the report at your earliest convenience to prevent dissolution of the Company.

Sincerely,

CarePlus Transportation, LLC

By:

Miguel B. Fernandez, Manager

nct/