

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90213 012 \*\*\*\*\*50.00

0021825

**DOCUMENT # L02000012400**

1. Entity Name

**HANDS CARE CENTER, L.L.C.**



Principal Place of Business

Mailing Address

5310 N.W. 114 AVE., APT. 201  
MIAMI FL 33178

5310 N.W. 114 AVE., APT. 201  
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

7800 NW 25th St

7800 NW 25th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 20

Suite # 20

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33122

USA

33122

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

03-0456184

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROA BODIN, GLORIA  
5310 N.W. 114 AVE., APT. 201  
MIAMI FL 33178

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MIJARES, TERESA  
STREET ADDRESS 5310 N.W. 114 AVE., APT. 201  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE MGR  
NAME PASCHEN, LAURA  
STREET ADDRESS 5310 N.W. 114 AVE., APT. 201  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE MGR  
NAME ELVIRA D'ORTENZIO  
STREET ADDRESS 7800 NW 25th St. #20  
CITY-ST-ZIP MIAMI, FL 33122 ☐ Delete

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

TITLE MGR  
NAME ELIZABETH CAMERO  
STREET ADDRESS 7800 NW 25th St. #20  
CITY-ST-ZIP MIAMI, FL 33122 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Laura Paschen* (LAURA PASCHEN)

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

4/9/2003 305-6394746

Date

Daytime Phone #

CR2E083 (10/02)