

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90005 050 \*\*\*150.00

**649551**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L90543**

1. Entity Name  
**SUPERIOR HOME CARE SERVICES, INC.**

Principal Place of Business <b>SUPERIOR HOME CARE SERV INC</b> <b>5901 NW 151 ST. #202</b> <b>MIAMI LAKES FL 33014</b> <b>US</b>	Mailing Address <b>SUPERIOR HOME CARE SERV INC</b> <b>5901 NW 151 ST. #202</b> <b>MIAMI LAKES FL 33014-2454</b> <b>US</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>MIAMI LAKES FL</b> Zip <b>33014</b> Country <b>US</b>	3. Mailing Address Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>MIAMI LAKES FL</b> Zip <b>33014</b> Country <b>US</b>
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4. FEI Number <b>65-0208900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**HERNANDEZ, HORTENSIA**  
**980 SW 177 WAY**  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent  
 Name **Jerome Goldman**  
 Street Address (P.O. Box Number is Not Acceptable) **1300 CROWN POINT**  
 City **WELLINGTON FL** Zip Code **33414**

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 **Jerome Goldman, President** DATE **4/5/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>HORTENSIA, HERNADEZ</b> <b>980 SW 177 WAY</b> <b>PEMBROKE PINES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HERNANDEZ, HORTENSIA</b> <b>17878 N. BAY ROAD, #206</b> <b>MIAMI BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Jerome Goldman</b> <b>1300 CROWN POINT</b> <b>WELLINGTON FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MAXIMILIAN FERNANDEZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: **Jerome Goldman, President** DATE **4/5/00** (305) 821-9221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR