

2001 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-06-2001 90239 049 ****61.25

DOCUMENT # N00000000394

1. Entity Name

JACHIN HOME HEALTH AND CONSULTING AGENCY, INC.

Principal Place of Business

8935 S.W. 163RD TERR.
 MIAMI FL 33157

Mailing Address

8935 S.W. 163RD TERR.
 MIAMI FL 33157

2. Principal Place of Business

15321 South Dixie Hwy

3. Mailing Address

15321 South Dixie Hwy

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33157

Country

DADE

Zip

33157

Country

DADE

4. FEI Number

65-1008831

Applied For

☐ Not Applicable

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

TAYLOR-DUNCAN, MARILYN
8935 S.W. 163RD TERR.
MIAMI FL 33157

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

Marilyn Taylor Duncan **MARILYN TAYLOR DUNCAN**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEA DUNCAN
STREET ADDRESS	8935 SW 163 Terrace
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERROL DUNCAN
STREET ADDRESS	8935 SW 163 Terrace
CITY-ST-ZIP	MIAMI FL 33157
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN TAYLOR DUNCAN
STREET ADDRESS	8935 SW 163 Terrace
CITY-ST-ZIP	MIAMI FL 33157
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn Taylor Duncan **MARILYN TAYLOR DUNCAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

(305) 233-0999

Daytime Phone #

CR2E037 (10/00)