

0001-72002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

1 of 2

FILED

02 MAY -1 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-02

DO NOT WRITE IN THIS SPACE

05-16-01 90205 002 \$150.00

DOCUMENT # 00000021995

1. Entity Name  
*First Care Assisted Living Services, Inc.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*12085 W. Dixie Hwy.*  
Suite, Apt. #, etc.

3. Mailing Address  
*12085 W. Dixie Hwy.*  
Suite, Apt. #, etc.

City & State  
*North Miami FL*  
Zip  
*33161*

Country  
*USA*

City & State  
*North Miami*  
Zip  
*33161*

Country  
*USA*

4. FEI Number  
*65-1009868*

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
*Annie M. Georges*  
Street Address (P.O. Box Number is Not Acceptable)  
*12085 W. Dixie Hwy*  
City  
*North Miami* FL Zip Code  
*33161*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
*D, P, S, T*  
NAME  
*Annie M. Georges*  
STREET ADDRESS  
*12085 W. Dixie Hwy*  
CITY-ST-ZIP  
*North Miami FL 33161*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*800005554378--1*  
*-05/16/02--01028--010*  
*\*\*\*\*150.00 \*\*\*\*150.00*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/02* *305-862-8588*  
Date Daytime Phone #

CR2E034B (12/01)

20f2

***FIRST CARE ASSISTED LIVING SERVICES, INC.***

**12085 WEST DIXIE HIGHWAY**

**NORTH MIAMI, FL 33161**

**(305) 892-8588**

**(305) 892-8587 FAX**

February 19, 2002

To : Division of Corporations

Re : Filing of UBR

Please be advised that we did respond timely to the letter from the Division of Corporations, dated June 28, 2001.

Please reinstate our status.

Thank you,

  
Annie M. Georges  
President