

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90022 017 ***150.00

DOCUMENT # P00000038211

1. Entity Name

ADVANTAGE HOME HEALTH CARE SERVICES, INC.

Principal Place of Business

11520 ROYAL PALM BLVD.
 CORAL SPRINGS FL 33065

Mailing Address

11520 ROYAL PALM BLVD.
 CORAL SPRINGS FL 33065

2. Principal Place of Business

6412 N. UNIVERSITY DR.

3. Mailing Address

6412 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite 131

Suite, Apt. #, etc.

Suite 131

City & State

TAMARAC FL.

City & State

TAMARAC FL.

4. FEI Number

65-1000974

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BZALEL, NATHAN

11520 ROYAL PALM BLVD.

CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

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 ☐ Delete
 NAME President
 STREET ADDRESS NATHAN BZALEL
 CITY-ST-ZIP 11520 Royal Palm Blvd
 Coral Springs FL 33065

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 all other like empowered.

SIGNATURE:

NATHAN BZALEL (NATHAN BZALEL)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/2001

Daytime Phone #

954-221-4660

CR2E034 (5/01)

Attachment



Doc. # P00000038211
773 284

Advantage Home Health Care Services, Inc.

6412 N. University Drive Suite 131
Tamarac, Florida 33321
(954) 721-4660 (954) 721-4617 FAX

July 18, 2001

To Department of Corporations
RE: UBR (Uniform Business Report)

To whom it may concern,

This letter is regarding the Uniform Business Report , As per our conversation on July 16th 2001 Tuesday, I stated that I haven't received the original UBR form and was told to write this letter and enclose a check in the amount of \$150.00 and that late fees would be waived due to not receiving the proper form by mail. Thank you for your assistance regarding this matter. Enclosed is a check in the amount of \$150.00 to cover UBR fees.

Sincerely,

Nathan Bzalel
CEO/AHHCS
