

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90217 001 ***300.00

DOCUMENT # P00000049394

1. Entity Name
AFTER HOUR CARE OF WEST KENDALL, CORP.

Principal Place of Business

11880 S.W. 40TH STREET
 SUITE 310 #101
 MIAMI FL 33175

Mailing Address

11880 S.W. 40TH STREET
 SUITE 310 #101
 MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11880 S.W. 40 ST.
 Suite, Apt. #, etc.
 #101

3. Mailing Address

11880 S.W. 40 ST.
 Suite, Apt. #, etc.
 #101

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1009474

Applied For

Not Applicable

Zip

33175

Country

FL

Zip

33175

Country

FL

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRABOLO, EDELIO
 11880 S.W. 40TH STREET
 SUITE 310
 MIAMI FL 33175

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 MIRABOLO, EDELIO
 11880 S.W. 40TH STREET SUITE 310 #101
 MIAMI FL 33175 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SVD
 CABRERA, FRANCESCO
 11880 S.W. 40TH STREET SUITE 310 #101
 MIAMI FL 33175 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 and am duly 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-16-02 (305) 2217445

CR2E034 (9/01)