

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90289 040 ***150.00

DOCUMENT # P00000064369

1. Entity Name

HOME HEALTH EXPRESS, INC.

Principal Place of Business

7560 W. 32ND AVE.
HIALEAH FL 33018

Mailing Address

7560 W. 32ND AVE.
HIALEAH FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1023188

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

**CAPOTE, EVELYN
7920 NW 171ST ST.
MIAMI FL 33015**

Name **Alexander L. Arguelles**

Street Address (P.O. Box Number is Not Acceptable)

7560 W 32 Ave

City

Hialeah

FL

Zip Code

33018

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~
NAME ~~Alexander Arguelles~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **President**
NAME **Alexander Arguelles** ☐ Change ☒ Addition
STREET ADDRESS **7560 W 32 Ave**
CITY-ST-ZIP **Hialeah, FL 33018** ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE
NAME ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander Arguelles
President

Date

1/16/01
(386) 402-1832

Daytime Phone #

CR2E034 (10/00)