

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90049 019 ***158.75

DOCUMENT # **700000067540**
 1. Entity Name **FACILITY HEALTH CARE SERVICES, CORP.**

Principal Place of Business Mailing Address
2525 NW 120 TH ST.
MIAMI, FL 33167-2616

2. Principal Place of Business **2525 NW 120TH ST.**
 Suite, Apt. #, etc. **HOUSE**
 City & State **MIAMI, FLORIDA.**
 Zip **33167-2616** Country **DADE**

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country
 4. FEI Number **65-1023483**
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **ARIZEL BERRIOS GOMEZ**
 Street Address (P.O. Box Number is Not Acceptable)
2525 NW 120 TH ST.
 City **MIAMI** **FL** Zip Code **33167**

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 **Arizel Berrios Gomez** **ARIZEL BERRIOS GOMEZ** **4-8-01**
 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ARIZEL BERRIOS GOMEZ	
STREET ADDRESS	2525 NW 120 TH ST.	
CITY-ST-ZIP	MIAMI, FLORIDA 33167-2616	
TITLE	VICE - PRESIDENT.	<input type="checkbox"/> Delete
NAME	ALBERTO A. GOMEZ	
STREET ADDRESS	2525 NW 120 TH ST.	
CITY-ST-ZIP	MIAMI, FLORIDA 33167-2616	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Arizel Berrios Gomez** **ARIZEL BERRIOS G.** **4-8-01** **786 325 7694**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)