

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90041 013 \*\*\*150.00

0046897 AV

**DOCUMENT # P00000091181**

1. Entity Name  
**TERESITA'S ALF, INC.**

Principal Place of Business Mailing Address  
**6400 S.W. 24TH STREET 6400 S.W. 24TH STREET**  
**MIAMI FL 33155 MIAMI FL 33155**

76485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1076619</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>CRUZ, TERESA</b> <b>6400 S.W. 24TH STREET</b> <b>MIAMI FL 33155</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CRUZ, TERESA</b>			NAME			
STREET ADDRESS	<b>6400 S.W. 24TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33155</b>			CITY-ST-ZIP			
TITLE	<b>STD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RAMIREZ, SUSANA</b>			NAME			
STREET ADDRESS	<b>6400 S.W. 24TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33155</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Teresa Cruz* **SIGNATURE REQUIRED** **7/16/01** **(305) 663-4482**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000091181

1. Entry Name

TERESITA'S ALF INC

Principal Place of Business

Mailing Address

MIAMI FL 331 6400 SW 24 ST  
US MIAMI FL 33155

MIAMI FL 331 6400 SW 24 ST  
US MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

6400 SW 24 ST

6400 SW 24 ST

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33155

Country

US

Zip

33155

Country

US

4. FEI Number

65-10766

19(65-1076619)

Applied For

Not Applicable

5. Certificate of State

Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

TERESA CRUZ  
6400 S.W. 24 STREET  
MIAMI, FL 33155

Name

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

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Teresa Cruz

Signature, typed or printed name of Registered Agent and the filer.

NOTE: Registered Agent (QUALIFIED PERSON) is required.

DATE

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

FILE NOW!! FEE IS \$180.00  
After MAY 1, 2001 Fee will be \$480.00  
Make Check Payable to Department of State

10. Election of Trust Funds

Contribution

\$5.00 May Be Added to Fee

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	NAME	TITLE	NAME
PRESIDENT	TERESA CRUZ		
TREASURER	SUSANA RAMIREZ		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if it were the signature of the 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 the information is true and accurate and that my signature shall have the same legal effect as if it were the signature of the 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.

SIGNATURE:

Teresa Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/27/01

DATE

Attachment  
Doc# 76485



DO NOT WRITE IN THIS SPACE