

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103322

1. Entity Name
ADULT DAY CARE 2000 CORP.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90094 027 ***158.75

Principal Place of Business

9180 S.W. 75TH STREET
MIAMI FL 33173

Mailing Address

9180 S.W. 75TH STREET
MIAMI FL 33173

2. Principal Place of Business

6415 W 18 AVE

3. Mailing Address

6415 W 18 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

65-1058042

Applied For

Not Applicable

Zip

Country

33012

Zip

Country

33012

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOS, ARTURO N

9180 S.W. 75TH STREET
MIAMI FL 33173

Name

SARA A. CUELLAR

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

6415 W 18 AVE

City

HIALEAH

FL

Zip Code

33012

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]

SARA A. CUELLAR

4-26-01

(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 PD
NAME RAMON, ARTURO N
STREET ADDRESS 9180 S.W. 75TH STREET
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE P.D.T.S.
NAME SARA A. CUELLAR ☒ Change ☐ Addition
STREET ADDRESS 6415 W 18 AVE
CITY-ST-ZIP HIALEAH FL 33012

TITLE SD
NAME CUELLAR, SARA
STREET ADDRESS 6415 WEST 18TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 305-556 2784

Date

Daytime Phone #

CR2E034 (10/00)