

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 31, 2001 8:00 am
Secretary of State

05-04-2001 90170 016 ***150.00

DOCUMENT # P00000109413

1. Entity Name

ENDLESS HOME CARE, INC.

Principal Place of Business

Mailing Address

15261 SW 113 AVE
 MIAMI FL 33157

15261 SW 113 AVE
 MIAMI FL 33157

2. Principal Place of Business

15261 SW 113 AVE

Suite, Apt. #, etc.

3. Mailing Address

15261 SW 113 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

miami FL

City & State

miami FL

4. FEI Number

05-1062045

Applied For

Not Applicable

Zip 33157

Country Dade

Zip 33157

Country Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TARANO, ROBIEL
 15261 SW 113 AVE
 MIAMI FL 33157

7. Name and Address of New Registered Agent

Name Tarano, Robiel

Street Address (P.O. Box Number is Not Acceptable)
 15261 SW 113 AVE

City / miami FL Zip Code 33157

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 Tarano Robiel Tarano president DATE 5/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME Robiel Tarano
 STREET ADDRESS 15261 SW 113 AVE
 CITY-ST-ZIP miami FL 33157 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Tarano DATE 4/5/01 (305) 302-0651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)