

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # PO1000002534

1. Entity Name

APlus Home Health Agency Corp.

FILED

02 JUN 10 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9825 S.W. 49st.

3. Mailing Address

9825 S.W. 49st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33165

Country

Dade

Zip

33165

Country

Dade

2002 UBR

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1090751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Claudia Ortega

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

9825 SW 49st.

City

miami

FL

Zip Code

33165

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

C. Ortega

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/7/02.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jocelyne Hilaire (Pres) 14346 S.W. 92terr. Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Claudia Ortega (Vice Pres.) 9825 SW 49st. Miami, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005374314--2 -06/25/02--01056--012 ****150.00 ****150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

C. Ortega Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7/02. 305-793-3329

282
DATE: 6/7/02

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION A Plus Home Health Agency Corp.
DOCUMENT # PO1000002534

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE

C. Ortega
SIGNATURE

Claudia Ortega Vice President.
PRINT NAME/ TITLE