

FILED
Sep 23, 2002 8:00 am
Secretary of State

08-25-2002 90215 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000004281**

1. Entity Name

BIRD ROAD HEALTH CARE CENTER INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8335 SW 40 STREET	3. Mailing Address 8335 SW 40 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

42944

DO NOT WRITE IN THIS SPACE

City & State MIAMI, Florida	City & State MIAMI, Florida	4. FEI Number 105-1083082	Applied For Not Applicable
Zip 33155	Country USA	Zip 33155	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **HECTOR J. HALL**

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

692 W 29 ST #9

City **MIAMI** FL Zip Code **33012**

6. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICARDO, TERESA 9901 SW 40 ST MIAMI FLA 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD PERDOMO, MARIA 9820 SW 127 AVE MIAMI FLA 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICARDO, MARIA 9901 SW 40 ST MIAMI FLA 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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:

[Signature]

MARIA RICARDO

8-20-02 305-887-5018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Bird Road Health Care Center Inc.
8335 SW 40 Street
Miami, Florida, 33155

42944

August 14, 2002

Department of State

Ref: Document # P01000004281

This note is to inform that this year I did not receive any form to renew the UBR 2002.

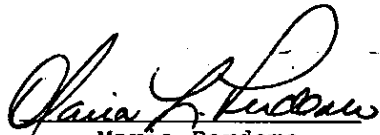
The last year we move to a new address and I think that we did not report this change to your office.

Please take note of my new address :

Bird Road Health Care Center Inc.
8335 SW 40 Street
Miami, Florida, 33155

Please accept my payment and lateness.

Thanks for your help.


Maria Perdomo