

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90178 037 ***150.00

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DOCUMENT # P01000025844

1. Entity Name
A & Y PROFESSIONAL CARES, CORP.



Principal Place of Business
**12131 SW 32ND TR.
MIAMI FL 33175**

Mailing Address
**12131 SW 32ND TR.
MIAMI FL 33175**



2. Principal Place of Business
**42 NW 27 Ave
Ste 303B**

3. Mailing Address
**42 NW 47 Ave
Ste 303B**

Suite, Apt. #, etc.
miami

Suite, Apt. #, etc.
miami

☐ CHECK HERE IF MAKING CHANGES

City & State
33125 USA

City & State
33125 USA

4. FEI Number **65-1008969**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PARAGES, ALEXIS
12131 SW 32ND TR.
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Yanis Cruz**
Street Address (P.O. Box Number is Not Acceptable) **42 NW 27 Ave, Ste 303B**
City **miami** FL Zip Code **33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04/20/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD**
NAME **PARAGES, YELENIS**
STREET ADDRESS **42 NW 27TH AVENUE SUITE 311B**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **✓**
NAME **Parages, Yelenis**
STREET ADDRESS **42 NW 27th Ave, Ste 303B**
CITY-ST-ZIP **miami, FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD**
NAME **Yanis Cruz**
STREET ADDRESS **42 NW 27th Ave, Ste 303B**
CITY-ST-ZIP **miami, FL 33125**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04/24/03** (305) 631-0238
Daytime Phone #

CR2E034 (10/02)