

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 019 ***158.75

DOCUMENT # P01000034471

1. Entity Name

ONE VOICE NURSING AND HOME HEALTH CARE, INC.

DO NOT WRITE IN THIS SPACE

B0126132

2. Principal Place of Business

4315 NW 18 AVE

Suite, Apt. #, etc.

3. Mailing Address

7098 BONITA DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI BEACH, FLORIDA

4. FEI Number

65-1097817

Applied For

Not Applicable

Zip

33142

Country

US

Zip

33141

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEWIS-MARTIN, JULIETTE D

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

4315 MW 18TH AVENUE

City

MIAMI

FL

Zip Code

33142

**DO NOT WRITE
IN THIS SPACE**

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

Juliette Lewis-Martin

06-19-02

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

(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)

☒

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

DP

**LEWIS-MARTIN, JULIETTE D
4315 18TH AVE
MIAMI, FL 33142**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

JULIETTE D. LEWIS-MARTIN (PRESIDENT)

Juliette Lewis-Martin

06-19-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
R/H # R0100003471
B0 126132

ONE VOICE NURSING AND HOME HEALTH CARE, INC.
4315 NW 18TH AVENUE
MIAMI, FLORIDA 33142
(305) 633-4469

June 19, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Report 2002

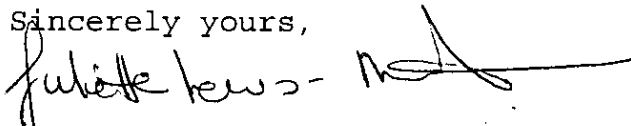
Dear Officer:

Please be advised that I have not received the annual report business form for the calendar year 2002. I realized that these State fees needed to be pay by May 01, 2002 if not a penalty will be assessed when a provider requested a Certificate of goodstanding for the corporation and we search for this request there was when we find out about this situation.

This is a new entity, and we still not familiar with all Documentations and forms that we need to comply the government. Therefore we are requesting to your Department to waive all penalties and assessed fees for this involuntary matter. If we have received the form I assure you it would have been filed on time. Please consider our position and ~~grant us the waive of these assessed fees.~~

Thank you for your cooperation. I will be looking forward to hear you in the near future with a favorable response. Please do not hesitate to contact me at the above styled address if any further information is needed.

Sincerely yours,


Juliette D. Lewis-Martins