## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000051767



## FILED Mar 21, 2003 8:00 am Secretary of State

Suite, Apt. #, etc.    City & State	1. Entity N EBENEZ	ZER BEST CARE INC	000031707		03-21-2003 90122 004 ***158.75
Suite, Apt #, etc.    City & State	470 E 4TH	AVE	470 E 4TH AVE		
City & State  Country  Country  Country  Country  Country  Country  Country  Septicate of Status Desired  City  FL Zip Code  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  International Contribution  OFFICERS AND DIRECTORS  International Desire  International Desire	2. Principal	I Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  States Address of New Registered Agent  City S. Certificate of Status Desired  States Address of New Registered Agent  City S. Certificate of Status Desired  States Address of New Registered Agent  City S. Certificate of Status Desired  States Address of New Registered Agent  City S. Certificate of Status Desired  States Address of New Registered Agent  City S. Certificate of Status Desired  States Address of New Registered Agent  States Address of New	Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES
SEUC, JAVIER M 15456 SW 48 STREET MIAMI FL 33185  SITUATION  FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiforida Department of State  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS STREET ADDRES	City & St	ate	City & State	-	00-1706850
SEUC, JAVIER M 15456 SW 48 STREET MIAMI FI. 33185  City  City  FL  Zip Code  8. Trie above named entify 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 at the obligations of registered agent.  Signature. Yound of printed name of registered agent.  Signature. Yound of printed name of registered agent and stell if applicable.  (NOTE Registered Agent signature required when revisitating)  DATE  FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  PVD  OFFICERS AND DIRECTORS  TITLE  SEUC, JAVIER  SIREET ADDRESS  CITY-ST-ZP  MIAMI FI. 33185  Delete  TITLE  STD  ORAM  SEUC, OLGA  STREET ADDRESS  STREET ADDRESS  MAME  SEUC, OLGA  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  MAME  SEUC, OLGA  STREET ADDRESS  STREET ADD	Zip			Country	5. Certificate of Status Desired 7 \$8.75 Additional
SEUC, JAVIER M  15456 SW 48 STREET  MIAMI FL 33185  City FL Zip Code  8. This 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 a the biologistions of registered agent.  FILE NOWILI's FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  SIREET ADDRESS  15456 SW 48 STREET  STREET ADDRESS  101-S1-ZIP  MIAMI FL 33185  Delete  TITLE  STD  SEUC, JGA  STREET ADDRESS  CITY-S1-ZIP  MIAMI FL 33185  CITY-S1-ZIP  MIAMI FL 33		<ol><li>Name and Address of Curr</li></ol>	ent Registered Agent		
B. This above named entify 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 it is obligations of registered agent.    File Now!!! FEE IS \$150.00	15456 SV	N 48 STREET		Street Addres	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS TITLE NAME SEUC, JAVIER STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185  CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP	8. The above the obligation of	re named entify submits this statemer ations of registered agent.	nt for the purpose of changing it	1 1	· ·
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE PVD SEUC, JAVIER 15456 SW 48 STREET MIAMI FL 33185  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable. (NC	DTE: Registered Agent signature requ	uired when reinstating)
TITLE NAME SEUC, JAVIER NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	Afte Make Chec	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	t of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE  Change AMME  Change	TITLE NAME STREET ADDRESS	PVD SEUC, JAVIER 15456 SW 48 STREET MIAMI FL 33185	<del></del>	TITLE NAME STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete TITLE Change AME STREET ADDRESS CITY-ST-ZIP  Change AME CHANGE	name Street address	SEUC, OLGA 15456 SW 48 STREET	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
VAME □ Delete ■ ITLE □ Change □ A	NAME Street address		☐ Delete	NAME STREET ADDRESS .	☐ Change ☐ Addition
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	VAME Street address		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	IAME TREET ADDRESS HTY-ST-ZIP		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE  IAME  IRREET ADDRESS  ITY-ST-ZIP  2. 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 supplier and accurate and that my signature shall have the same legal effect as if mode under on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if mode under on the same legal effect as if mode under on the same legal effect as if mode under on the same legal effect as if mode under on the same legal effect as if mode under on the same legal effect as if mode under on the same legal effect as if mode under on the same legal effect.	AME TREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-2IP	

Date