

FILED

Jul 15, 2002 8:00 am
Secretary of State

06-20-2002 90059 002 ***163.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055129

1. Entity Name

ACE HOME HEALTH INC.

Principal Place of Business
13540 SW 80TH ST., STE. 208
MIAMI FL 33193Mailing Address
15540 SW 80TH ST., STE. 208
MIAMI FL 33193

2. Principal Place of Business

7821 SW 24 STREET

3. Mailing Address

Suite, Apt. #, etc.

121

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33155

Country

U.S.A

Zip

Country

4. FEI Number

02-0579431

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEBLETT, BRIAN
15540 SW 80TH ST., STE. 208
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

CR2E034 (8/01)

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
President	Brian Neblett	15540 SW 80th St. Apt. D-208	Miami, FL 33193

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
Vice-President	MICHELLE ANN HOLFORD	15540 SW 80th St. Apt. D-208	Miami, FL 33193
Managing Director Emerit	STEPHEN HOLFORD	15540 SW 80th St. Apt. D-208	Miami, FL 33193

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRIAN NEBLETT 05/01/2002

305-385-3853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #