FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90070 030 ***158.75

DOCUMENT # P01000068838.

1. Entity Name: TWO Hearts Professional Services, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address (SAME)
13380 SW 131 Street	13380 SW 131 Street
Suite, Apt. #, etc.: #114	Suite, Apt. #, etc.: #114
City & State: Miami, FL	City & State: Miami FL
Zip: 33186 Country: ~~USA~~ USA	Zip: 33186 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651128996 ☒ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Clara E. RIVAS

Street Address (P.O. Box Number is Not Acceptable): 14653 SW 96 Terrace

City: Miami FL Zip Code: 33186

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: Clara E Rivas CLARA E. RIVAS
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4-29-02

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	Administrator (Vice President)
NAME	Clara E. Rivas
STREET ADDRESS	14653 SW 96 Terrace
CITY-ST-ZIP	Miami, FL 33186
TITLE	Director of Professional Services (President)
NAME	Lisette Hisgen RN
STREET ADDRESS	14253 SW 177 Street
CITY-ST-ZIP	Miami, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Clara E Rivas 4/29/02 (786)486-3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Clara E. RIVAS