

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

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 91046 013 ***150.00

DOCUMENT # P01000071241

1. Entity Name

P.M. HOME CARE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1784 W. FLAGLER ST.

Suite, Apt. #, etc.

20

3. Mailing Address

1784 W. FLAGLER ST.

Suite, Apt. #, etc.

20

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0977553

Applied For

Not Applicable

Zip

33135-2044

Country

DADE

Zip

33135-2044

Country

DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DORFIRIO MILLA

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

1784 W. FLAGLER ST. #20

City

MIAMI-1

FL

Zip Code

33135

**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

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 to May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>VD</u> <u>MILLA DORFIRIO</u> <u>1784 W. FLAGLER ST. #20</u> <u>MIAMI-FL 33135</u>
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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:

[Signature]

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/04

Daytime Phone #