

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90081 050 ***150.00

0271477 AV

DOCUMENT # PO1000086670

1. Entity Name

SOL COURIER SERVICE CORP.

Principal Place of Business

**1630 NW 108TH AVE. S/200
MIAMI FL 33172**

Mailing Address

**1630 NW 108TH AVE. S/200
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1146398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

VERA, JOHN

**1630 NW 108TH AVE. S/200
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

JOSE PORTNOY

Street Address (P.O. Box Number is not acceptable)

2100 W 76 STREET

SUITE 401

City

HIALLAH

FL

Zip Code

33016

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 of

and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSE PORTNOY

3/20/02

9. This corporation 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VERA, JOHN	
STREET ADDRESS	1630 NW 108TH AVE. S/200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE BARBA, LUPE	
STREET ADDRESS	1630 NW 108TH AVE. S/200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUPITA NAVARRETE ORTEGA	
STREET ADDRESS	1630 NW 108 AVE #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address change.

SIGNATURE:

SIGN

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2002 (305) 436-5626

Date

Daytime Phone #

CR2E034 (9/01)

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

*Attachment
755551*

DOCUMENT # P01000086670

1. Entity Name

SOL COURIER SERVICE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1630 NW 108 Ave

Suite, Apt. #, etc.

200

3. Mailing Address

1630 NW 108 Ave

Suite, Apt. #, etc.

200

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

Zip 33172

Country

City & State

MIAMI FL

Zip 33172

Country

4. FEI Number

65-1146398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE PORTNOY

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

2100 W 76 ST # 401

HALEAH

City

FL

Zip Code

33016

**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 remitting)

DATE

JOSE PORTNOY

3/20/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT DIRECTOR
LUPITA NAVARRETE ORTEGA
1630 NW 108 AVE # 200
MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE-PRES DIRECTOR
LUPE DE BARRA
1630 NW 108 AVE # 200
MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUPITA NAVARRETE ORTEGA 3/20/02 (305) 231 7757

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
DOC # PO1000086670

Patient Name _____

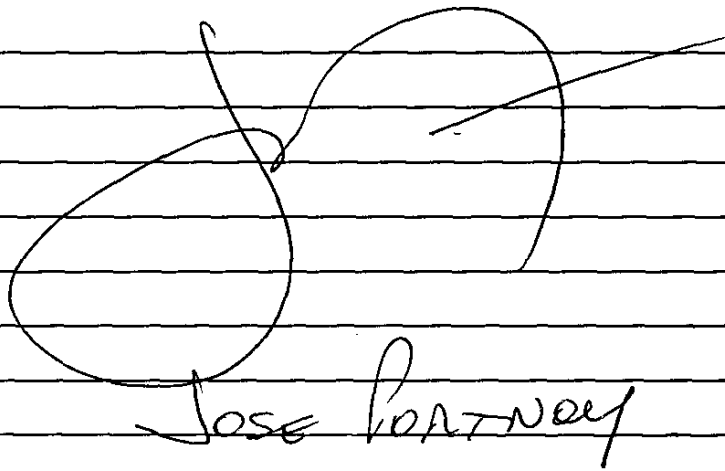
DATE

755551

I APOLOGIZE FOR THE

WHITE OUTS. IF NOT ALLOWED

USE NEW FORM.



Jose Portney



"ASSURED BEST CARE"
HOME HEALTH SERVICES, INC.

2100 W. 76 Street • Suite 305 • Hialeah, Florida 33016 • Tel.: (305) 364-9069 • Fax: (305) 364-9941