

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90092 012 ***150.00

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

DOCUMENT # P01000087788					
1. Entity Name EL MILAGRO CARE CENTER, INC.					
Principal Place of Business 1105 W 69TH PLACE HIALEAH, FL 33014		Mailing Address 1105 W 69TH PLACE HIALEAH, FL 33014			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 22651 Suite, Apt. #, etc.			
City & State Zip		City & State HIALEAH, FL Zip 33002		4. FEI Number 65-1137840 <div style="border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, BETSY M 1105 W 69TH PLACE HIALEAH, FL 33014				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<div style="border: 1px solid black; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div style="border: 1px solid black; padding: 2px;">PSTD MARTINEZ, BETSY M 1105 W 69TH PLACE HIALEAH, FL 33014</div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>				<div style="border: 1px solid black; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> PRESIDENT <u>07/24/03 305.324-7137</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

80137039



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment

El Milagro Care Center, Inc.
P.O. Box 22651
Hialeah, Fl. 33002

80137039
PO1000087788

August 1, 2003

Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Ref: PO1000087788

To Whom It May Concern:

This letter is to inform you that the reason the Annual Report is late is because the mailing address was incorrect. Attached you will find a check for the \$150.00 and a report which I downloaded from the internet. Thank you for your attention.

Sincerely


Betsy Martinez