

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90432 002 ***150.00

DOCUMENT # P01000105998

1. Entity Name

INTERAMERICAN HOME HEALTH CARE, CORP.

Principal Place of Business

**398 E. 33RD ST., SUITE 204
HIALEAH FL 33013**

Mailing Address

**398 E. 33RD ST., SUITE 204
HIALEAH FL 33013**

2. Principal Place of Business

**398 E 33RD ST
Suite, Apt. #, etc.
103**

3. Mailing Address

**N/A
Suite, Apt. #, etc.
FLA**

City & State

HIALEAH

City & State

N/A

Zip

33013

Country

DADE

Zip

33013

Country

4. FEI Number

65-1150187

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, ANA
398 E. 33RD ST., SUITE 204
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

**ANA T. Fernandez & Ue O. Rueda
Street Address (P.O. Box Number is Not Acceptable)
398 E 33RD ST #103
City HIALEAH FL Zip Code 33013**

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]

04/10/02

(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)

**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 **D** ☐ Delete
NAME **RUEDA, MARIA E**
STREET ADDRESS **13206 SW 10TH TERR.**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **P** ☐ Delete
NAME **FERNANDEZ, ANA**
STREET ADDRESS **398 E. 33RD ST., SUITE 204**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SAUE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SAUE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]

04/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)