

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-14-2003 90049 036 ***150.00
P02000015485

DOCUMENT # P02000015485

1. Entity Name
BUENA VISTA HOME ALF, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -8 AM 11:18

Principal Place of Business
1414 SW 102ND AVE
MIAMI FL 33174

Mailing Address
1414 SW 102ND AVE
MIAMI FL 33174

2. Principal Place of Business
940 E 9 PL
Suite, Apt. #, etc.

3. Mailing Address
940 E 9 PL
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HIALEAH

City & State
HIALEAH

4. FEI Number
65-063794D

Applied For
Not Applicable

Zip
33010

Country
FL

Zip
33010

Country
FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTEAGA, SERGIO
1414 SW 102ND AVE
MIAMI FL 33174

Name
JOEL E. CARNET
Street Address (P.O. Box Number is Not Acceptable)

940 E 9 PL

City
HIALEAH

FL Zip Code
33010

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARTEAGA, SERGIO
STREET ADDRESS 1414 SW 102ND AVE
CITY-ST-ZIP MIAMI FL 33174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Joel E. Carnet
STREET ADDRESS 940 E 9 PL
CITY-ST-ZIP HIALEAH, FL- 33010 ☐ Change ☒ Addition

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

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

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

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

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

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

Daytime Phone #

03/11/2003 11:00 AM