

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P-02000088785**

1. Entity Name

ATLANTIC HOME CARE SERVICES CORP.

FILED
04 NOV 22 PM 4:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3785 NW 82 AVE STE 211
MIAMI FL 33166**

Mailing Address

**3785 NW 82 AVE
STE 211
MIAMI FL 33166**

2. Principal Place of Business

3785 NW 82 AVE

Suite, Apt. #, etc.

STE 211

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Address

3785 NW 82 AVE

Suite, Apt. #, etc.

STE 211

City & State

MIAMI FL

Zip

33166

Country

USA

4. FEI Number

41-2055283

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

**SUSAN LEE FREEMAN
1150 NW 72 AVE 720 A
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name **JOSE M. TRIGOSO**

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

3785 NW 82 AVE STE 211

City **MIAMI**

FL

Zip Code

33166

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

Jose Trigoso

JOSE TRIGOSO President

11/13/04

Signature of Registered Agent and State of Florida

(NOTE: Registered Agent signature required when resigning)

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, 2001 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 **PRESIDENT** ☒ Delete
NAME **SUSAN LEE FREEMAN**
STREET ADDRESS **4501 YACHT HARBOR DRIVE**
CITY-STATE-ZIP **NAPLES, FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JOSE TRIGOSO**
STREET ADDRESS **14651 SW 132 CT**
CITY-STATE-ZIP **MIAMI FL 33186**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *Jose Trigoso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (11/03)