

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90106 036 ***158.75

DOCUMENT # P02000095946



1. Entity Name
MIAMI HOME HEALTH AGENCY, INC.

Principal Place of Business
**1455 NW 14TH STREET
MIAMI FL 33125**

Mailing Address
**1455 NW 14TH STREET
MIAMI FL 33125**



2. Principal Place of Business

11300 NW 87 Ct.

3. Mailing Address

11300 NW 87 Ct.

Suite, Apt. #, etc.
167

Suite, Apt. #, etc.
167

City & State
Hialeah FL

City & State
Hialeah FL

4. FEI Number
13-4211980

Applied For
Not Applicable

Zip
33018

Country
USA

Zip
33018

Country
USA

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

6. Name and Address of Current Registered Agent

**GOMEZ, ADA
1455 NW 14TH STREET
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name
Ada Gomez

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

11300 NW 87 Ct.

167

City
Hialeah

FL

Zip Code
33018

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-03-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GOMEZ, ADA
1455 NW 14TH STREET
MIAMI FL 33125** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ALEMAN, MARTIZA
1455 NW 14TH STREET
MIAMI FL 33125** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**11300 NW 87 Ct., # 167
Hialeah, FL 33018** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-03

Date

305-622-4377

Daytime Phone #

CR2E034 (10/02)