

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

70092222

DOCUMENT # **P02000105444**
 1. Entity Name
Baptist Home Care, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3210 SW 105 ct
 Suite, Apt. #, etc.

3. Mailing Address
3210 SW 105 ct
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33165 Country **US**

Zip
33165 Country **US**

4. FEI Number
020646496

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Ramirez Rossana P**

Street Address (P.O. Box Number is Not Acceptable)
3210 SW 105 ct

City **Miami** FL Zip Code **33165**

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 _____ (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)

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$350.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY - ST - ZIP	P Ramirez Rossana P 3210 SW 105 ct Miami FL 33165
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like employees.

SIGNATURE: **Furlio Ramirez** **4/8/03** **(305) 265-1359**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone #

CR2E034B (12/01)