


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-14-2003 90411 016 \*\*\*150.00  
FILE P02000114171

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**DOCUMENT # P02000114171**

1. Entity Name  
**MI ESPERANZA HOME CARE CORPORATION**



03 MAY -8 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3453 SW 112 CT  
MIAMI FL 33165

Mailing Address  
3453 SW 112 CT  
MIAMI FL 33165



2. Principal Place of Business  
**3453 SW 112 CT**

3. Mailing Address  
**15858 SW 65 TERRA**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**

City, & State  
**Miami Florida**

4. FEI Number  
**56-2304283**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**URRUTIA, NORMA  
3453 SW 112 CT  
MIAMI FL 33165**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

~~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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>URRUTIA, NORMA</b> <b>3453 SW 112 CT</b> <b>MIAMI FL 33165</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIC RUTIA Date: 4-10-03 Daytime Phone #: 305 586-4168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/02)