

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90002 019 ***158.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P03 000064192*

1. Entity Name

MARTA Home Care INC.

DO NOT WRITE IN THIS SPACE

54064282

2. Principal Place of Business

6898 West 29 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

4. FEI Number

37-1482330

Applied For

Not Applicable

Zip

33018

Country

DADE

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE
IN THIS SPACE

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

STATE OF FLORIDA

UNIFORM BUSINESS REPORT

May 2004

Form 1000

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

P

EFRAIN Medina

6898 West 29 Ave

Hialeah, FL 33018

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Efrain Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-04

CR2034B (12/02)

Attachment

54064282
#PO 3000564192

07/12/04

Marta Home Care
6898 West 29 Avenue
Miami, Fla. 33018

Please be advised due to personnel problems I was not able to send my filing fee on time. I am requesting that the penalty be waved. I was also told by my office manager that we did not receive are notice to file our UBR.

Any questions please contact me at 305 345-7448

Efrain Medina

Efrain Medina

Sincerely Yours