

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012979

1. Entity Name

UNIVERSAL HOME HEALTH SERVICES, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90013 049 ***158.75

Principal Place of Business

Mailing Address

7200 N.W. 19 ST.
SUITE 600
MIAMI FL 33126
US

7200 N.W. 19 ST.
SUITE 600
MIAMI FL 33126-1227
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7200 NW 19 Street

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 610

as

City & State
Miami, FL 33126

City & State
Principal

4. FEI Number 65-0399052

Applied For
Not Applicable

Zip
33126

Country
Dade

Zip

Country

5. Certificate of Status Desired

X- \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL VALLE, ALBERTO G
7200 N.W. 19TH ST.
SUITE 600
MIAMI FL 33126

Name
Del Valle, Alberto G.
Street Address (P.O. Box Number is Not Acceptable)
7200 NW 19 Street
Suite 610
City
Miami, FL
Zip
33126

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

Alberto G. Del Valle

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEL VALLE, ALBERTO G
2824 S.W. 99TH COURT
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Alberto Delvalle
7741 SW 93 Ave
MIAMI, FLORIDA 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Alberto G. Del Valle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(President)
2-01-2000

305-994-3250
Daytime Phone #

CR2E034 (9/99)