

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90111 001 ***158.75

DOCUMENT # P93000012979

1. Entity Name

UNIVERSAL HOME HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

7200 N.W. 19 ST.
 SUITE 610
 MIAMI FL 33126
 US

7200 N.W. 19 ST.
 SUITE 610
 MIAMI FL 33126
 US

2. Principal Place of Business

3750 W. 16 Ave

3. Mailing Address

3750 West 16 Ave

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0399052

Applied For

Not Applicable

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 610

MIAMI FL 33126

Name

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

3750 West 16 Ave

Suite 110

City

Hialeah, Florida FL

Zip Code

33012

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

Alberto G. Del Valle

1/19/01

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, 2001 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 ☐ Delete
 NAME D
 STREET ADDRESS DEL VALLE, ALBERTO G
 CITY-ST-ZIP 7741 SW 93RD AVE
 MIAMI FL 33173

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

ALBERTO G. DEL VALLE

1/19/01

305-826-0232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)