

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90588 005 ***150.00

DOCUMENT # **P93000023268**
 1. Entity Name **YEMA HOME HEALTH CARE, INC.** ✓

Principal Place of Business Mailing Address
780 NW 42 Ave #322 782 NW 42 Ave
Miami, FL 33126-5549 Suite 322
Miami, FL 33126

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0400515** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Escarpio Maria C
780 NW 42 Ave #322
Miami, FL 33126-5549

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.

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARIA C Escarpio	
STREET ADDRESS	782 NW 42 Ave #322	
CITY-ST-ZIP	Miami, FL 33126-5549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Maria C Escarpio**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 (305) 460-7897
 Date Daytime Phone #

CR2E034 (11/00)

P93000023268
716046

2/01/01 CORPORATE DETAIL RECORD SCREEN 1:38 PM
NUM: P93000023268 ST:FL ACTIVE/FL PROFIT FLD: 03/29/1993
LAST: AMENDMENT FLD: 10/22/1998
FEI#: 65-0400515
NAME : YEMA HOME HEALTH CARE, INC.
PRINCIPAL: 782 NW 42ND AVE. CHANGED: 08/19/96
ADDRESS SUITE 433
MIAMI, FL 33126-5549 US
RA NAME : ESCARPIO, MARIA C NAME CHG: 03/01/99
RA ADDR : 780 NW 42 AVENUE #322 ADDR CHG: 03/01/99
MIAMI, FL 33126-5549 US
ANN REP : (1998) A 05/20/98 (1999) I 03/01/99 (2000) A 05/17/00

2/01/01 OFFICER/DIRECTOR DETAIL SCREEN 1:38 PM
CORP NUMBER: P93000023268 CORP NAME: YEMA HOME HEALTH CARE, INC.
TITLE: PD NAME: ESCARPIO, MARIA C
780 NW 42ND AVE., SUITE 322
MIAMI, FL 33126-5549 US

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----