

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052164

1. Entity Name

ST. MARY HOME HEALTH CARE, CORP. ✓

Principal Place of Business

9745 SW 72ND ST
STE 115
MIAMI FL 33173
US

Mailing Address

9745 SW 72ND ST
STE 115
MIAMI FL 33173
US

2. Principal Place of Business

9745 SW 72 ST

3. Mailing Address

9745 SW 72 ST

Suite, Apt. #, etc.

STE 115

Suite, Apt. #, etc.

STE 115

City & State

Miami FL

City & State

Miami FL

Zip

33173

Country

USA

Zip

33173

Country

USA

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE A
7231 MIAMI LAKES DR. #C-7
MIAMI LAKES FL 33014

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD
NAME MELCHOR, GUILLERMO ☒ Delete
STREET ADDRESS 25 E. 41 STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE
NAME 9745 SW 72 ST ☐ Delete
STREET ADDRESS SUIT 115
CITY-ST-ZIP Miami FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 9745 SW 72 ST ☐ Change ☐ Addition
NAME SUIT 115
STREET ADDRESS
CITY-ST-ZIP Miami FL 33173

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

04-11-2000 90013 045 ***150.00
09-18-2000 90045 002 ***550.00

80107200



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0430619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)