

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085116  
Entity Name  
GOLDEN AGE HOME CARE, INC.

FILED  
Mar 07, 2000 8:00 am  
Secretary of State  
03-07-2000 90089 040 \*\*\*150.00

Place of Business  
WEST 49TH PLACE  
216-A  
33012  
Mailing Address  
1490 WEST 49TH PLACE  
SUITE 216-A  
HIALEAH FL 33012-3148

Principal Place of Business  
11300 NW 87 Ct.  
Suite, Apt. #, etc.  
#119  
City & State  
MIA-FLA.  
Zip  
33018  
Country  
U.S.  
3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
SAME  
City & State  
SAME  
Zip  
SAME  
Country  
SAME



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0460885  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CHIRINO, LUIS F  
15155 NW 89 COURT  
MIAMI FL 33016

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL  
Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PSD CHIRINO, LUIS 7851 NW 160TH TERRACE MIAMI FL 33016 Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
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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 #  
03-01-2000 (905) 824-0070

CR2E034 (9/99)