

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014140

1. Entity Name

143 HOME HEALTH, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90094 012 ***158.75

Principal Place of Business

Mailing Address

4745 SW 75 AVE
MIAMI FL 33155
US

4745 SW 75 AVE
MIAMI FL 33155-4436
US

2. Principal Place of Business

3100 NW 72 AVE suite 125

3. Mailing Address

← SAME

Suite, Apt. #, etc.

125

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0468803

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZOE PADRON-BLANCA
4745 SW 75 AVE
MIAMI FL 33155

Name

Judith - Abrahantes

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

3100 NW 72 Ave suite 125

City

Miami

FL

Zip Code

33122

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.

Judith Abrahantes

(NOTE: Registered Agent signature required when reinstating)

2/22/00

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
DPS
PADRON, BLANCA Z
17793 S.W. 139 CT.
MIAMI FL 33177 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Judith Abrahantes
2051 SW 122 CT
Miami, FL 33175 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
LONGO, JOSE A
17793 S.W. 139 CT.
MIAMI FL 33177 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith Abrahantes

Date

2/22/00

Daytime Phone #

(305) 269 9696

CR2E034 (9/99)