

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021122

1. Entity Name

DADE CARE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90195 018 ***150.00

Principal Place of Business

~~8311 GRAND CANAL DRIVE~~
~~MIAMI FL 33144~~
~~US~~

Mailing Address

~~8311 GRAND CANAL DRIVE~~
~~MIAMI FL 33178-1028~~
~~US~~

2. Principal Place of Business

4820 NW 98 Place

Suite, Apt. #, etc.

3. Mailing Address

4820 NW 98 Place

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0502402

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CASANOVA, ALEJANDRO M~~
~~8370 N.W. 49 TERRACE~~
~~MIAMI FL 33178~~

7. Name and Address of New Registered Agent

Name

JOSE M. CASANOVA

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

4820 NW 98 Place

City

Miami FL

FL

Zip Code

33178

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

Jose M. Casanova

JOSE M. CASANOVA

2-25-00

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASANOVA, ALICIA L	
STREET ADDRESS	8311 GRAND CANAL DRIVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASANOVA, JOSE M	
STREET ADDRESS	8311 GRAND CANAL DRIVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASANOVA, ALICIA L	
STREET ADDRESS	4820 NW 98 Place	
CITY-ST-ZIP	Miami FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSE M. CASANOVA	
STREET ADDRESS	4820 NW 98 Place	
CITY-ST-ZIP	Miami FL 33178	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		

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:

Jose M. Casanova
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

305-629-8966

Daytime Phone #

CR2E034 (9/99)