FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90178 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055082

1. Entity Name
F and E Home Heath Care, Inc

DO NOT WRITE IN THIS SPACE

90088726

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2. Principal Place of Business: 7175 SW 8 st	3. Mailing Address: 7175 SW 8 st
Suite, Apt. #, etc.: 207	Suite, Apt. #, etc.: 207
City & State: Miami Fl	City & State: Miami Fl
Zip: 33144 Country: US	Zip: 33144 Country: US

4. FEI Number: 65-0565043 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Ramirez Evelio Jr
Street Address (P.O. Box Number is Not Acceptable): 3210 SW 105 ct
City: Miami FL Zip Code: 33165

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Ramirez Evelio
STREET ADDRESS	3210 SW 105 ct
CITY-ST-ZIP	Miami Fl 33165
TITLE	VP
NAME	Ramirez Rossana R
STREET ADDRESS	3210 SW 105 ct
CITY-ST-ZIP	Miami Fl 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Evelio Ramirez 4/8/03 (301) 265 1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #