

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
 03-13-2000 90020 036 ***150.00

DOCUMENT # P94000067521
 1. Entity Name
FIRST CLASS CARE OF HUMAN, CORP.

Principal Place of Business 9370 S.W. 72ND STREET SUITE A-260 MIAMI FL 33173 US	Mailing Address 9370 S.W. 72ND STREET SUITE A-260 MIAMI FL 33173-5464 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2800 WEST 84TH STREET Suite, Apt. #, etc. BAY - 12 City & State MIAMI FL Zip 33018 Country USA	3. Mailing Address 2800 WEST 84TH STREET Suite, Apt. #, etc. BAY - 12 City & State MIAMI FL Zip 33018 Country USA
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4. FEI Number 65-0519988	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SANTANA, ZOE
 16601 SW 144 CT
 MIAMI FL 33177**

7. Name and Address of New Registered Agent
 Name **DAMIAN HURTADO**
 Street Address (P.O. Box Number is Not Acceptable)
16601 SW 144 CT
MIAMI **33177**
 City **MIAMI** 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 **DAMIAN HURTADO** *[Signature]* **2/2/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature must be in ink.) 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HURTADO, DAMIAN 16601 SW 144 CT. MIAMI FL 33177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **2/2/00** **(305)698-3990**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)