

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90061 043 ***150.00

0181009

DOCUMENT # P95000007878

1. Entity Name
PATT HOME CARE, INC.

Principal Place of Business
7105 S.W. 8TH ST., SUITE 409
MIAMI FL 33144

Mailing Address
7105 S.W. 8TH ST., SUITE 409
MIAMI FL 33144

654960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0558230**

Applied For
 Not Applicable

Zip

Country

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

MORALES, MARCELIN
7105 S.W. 8TH ST., SUITE 409
MIAMI FL 33144

Name

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

City

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

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, 2001 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-STATE-ZIP
DPD
MORALES, MARCELIN R
7105 S.W. 8TH ST., SUITE 409
MIAMI FL 33144 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
NIDIA A. Dominguez
7105 SW 8 St. #409
MIAMI, FL. 409
VP, T 33144 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
JUANA N. Dominguez
7105 SW 8 St. #409
MIAMI, FL. 409
S 33144 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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 STREET ADDRESS
 CITY-STATE-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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
 Date

(305) 265-2356
 Daytime Phone #

CR2E034 (10/00)