

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90001 016 ***150.00

103935

DOCUMENT # P95000022511

1. Entity Name
Caridad Nurse Care, Inc.

Principal Place of Business Mailing Address
175 Fontainebleu Blvd. - SAME
Suite # 2611
Miami, Fl. 33172

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0568420 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Garcia, Irma C.
3160 N.W. 3rd STREET
Miami, Fl. 33125

7. Name and Address of New Registered Agent
 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, 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	<u>PTD</u>	<input type="checkbox"/> Delete
NAME	<u>JORGE, MIGUEL A.</u>	
STREET ADDRESS	<u>4221 S.W. 112th COURT</u>	
CITY-ST-ZIP	<u>Miami, Fl. 33165</u>	
TITLE	<u>VSD</u>	<input type="checkbox"/> Delete
NAME	<u>Garcia, Irma C.</u>	
STREET ADDRESS	<u>3160 N.W. 3rd STREET</u>	
CITY-ST-ZIP	<u>Miami, Fl. 33125</u>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Miguel A. Jorge 4/27/00 (305) 480-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #