

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90151 017 ***150.00

DOCUMENT # P95000041229

1. Entity Name

GARDEN'S ELDERLY CARE INC.

Principal Place of Business

7450 W 14 CT
 HIALEAH FL 33014
 US

Mailing Address

7450 W 14 CT
 HIALEAH FL 33014
 US

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 **65-0584561**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE LA, TERGA C
4205 SW
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name **Cesar de la Terga**

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

9441 SW 4th #112

City **Miami**

FL

Zip Code **33174**

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

TITLE **P** ☐ Delete
 NAME **DE LA TERGA, CESAR**
 STREET ADDRESS **6625 W 4 AVE 1**
 CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P de la Terga, Cesar** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9441 SW 4th #112**
 CITY-ST-ZIP **Miami FL 33174**

TITLE **Vice President / T/S** ☐ Change ☒ Addition
 NAME **Sandra Kirby**
 STREET ADDRESS **9441 SW 4th #112**
 CITY-ST-ZIP **Miami FL 33174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Sandra Kirby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/01
 Date

(305) 827-2696
 Daytime Phone #

CR2E034 (10/00)

0087373