

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045235 (5)

1. Corporation Name
NURSING UNLIMITED 2,000, INC.

Principal Place of Business

4941 SW 74TH CT.
MIAMI FL 33155

Mailing Address

4941 SW 74TH CT.
MIAMI FL 33155-4412

3. Date Incorporated or Qualified
06/12/1995

3a. Date of Last Report
06/07/1996

4. FEI Number
65-0605526

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

REBULL, AIDA SALAZAR
4941 SW 74TH CT.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	LOPEZ, AIDELYN	<input checked="" type="checkbox"/> DELETE
NAME		2750 WEST 68TH ST. #211	
STREET ADDRESS		HIALEAH FL 33018	
CITY - ST - ZIP			
TITLE	D	CASTANEDA, ESTELA	<input checked="" type="checkbox"/> DELETE
NAME		2750 WEST 68TH ST. #211	
STREET ADDRESS		HIALEAH FL 33018	
CITY - ST - ZIP			
TITLE	D	MURIAS, ELIA	<input type="checkbox"/> DELETE
NAME		801 N.W. 13TH AVE.	
STREET ADDRESS		MIAMI FL 33125	
CITY - ST - ZIP			
TITLE	D	REBULL, AIDA S	<input type="checkbox"/> DELETE
NAME		316 N.W. 13TH AVE.	
STREET ADDRESS		MIAMI FL 33125	
CITY - ST - ZIP			
TITLE	D	SALAZAR, NELSON	<input type="checkbox"/> DELETE
NAME		4941 S.W. 149TH PLACE	
STREET ADDRESS		MIAMI FL 33183	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

662-4540

Date Daytime Phone #

0200182

CR2E034 (9/96)