

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90201 003 ***158.75

DOCUMENT # P95000045235

1. Entity 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

907150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8350 NW V2ND TERRACE

Suite, Apt. #, etc.

Suite #103

City & State

Miami, Florida

Zip

33166

Country

DADE

3. Mailing Address

8350 NW V2ND TERRACE

Suite, Apt. #, etc.

Suite 103

City & State

Miami - Florida

Zip

33166

Country

4. FEI Number

65-0605526

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Same.

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

8350 NW V2ND TERRACE

Suite #103

City

Miami Florida

FL

Zip Code

33166

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 of person printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-25-2000

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	<input type="checkbox"/> Delete
PD	REBULL, AIDA S	316 N.W. 13TH AVE.	MIAMI FL 33125	<input type="checkbox"/>
D	SALAZAR, NELSON	4941 S.W. 149TH PLACE	MIAMI FL 33183	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/2000

DATE

(305) 629-9212

DAYTIME PHONE #