

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90017 045 ***150.00

016610

DOCUMENT # P95000052332

1. Entity Name
UNICARE OF SOUTH FLORIDA, INC.

Principal Place of Business

**2742 SW 8TH STREET
 STE 28
 MIAMI FL 33135**

Mailing Address

**2742 SW 8TH STREET
 STE 28
 MIAMI FL 33135**

646656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2742 S.W. 8 St.

3. Mailing Address

2742 SW. 8 St.

Suite, Apt. #, etc.

Suite 10-A

Suite, Apt. #, etc.

Suite 10-A

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-0593993

Applied For

☒ Not Applicable

Zip

33135

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, ANA M
 2742 SW 8TH STREET
 STE 28
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

GARCIA, ANA M.

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

2742 SW. 8 St.

Suite 10-A

City

Miami

FL

Zip Code

33135

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 **PVST** ☐ Delete
 NAME **GARCIA, ANA M**
 STREET ADDRESS **2742 SW 8TH STREET., STE 10A**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **D** ☐ Delete
 NAME **GARCIA, ANA M**
 STREET ADDRESS **2742 SW 8TH STREET., STE 10A**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
 Date

305-643-2868
 Daytime Phone #

CR2E034 (10/00)