

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041702

1. Entity Name

MONT-REVI HEALTH CARE, INC.

Principal Place of Business

Mailing Address

6505 S.W. 26TH STREET
MIAMI FL 33155

6505 S.W. 26TH STREET
MIAMI FL 33155-2950

2. Principal Place of Business

3. Mailing Address

10711 S W 104 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Naccarato

City & State

City & State

Miami, Florida 33176

Zip

Country

Zip

Country

4. FEI Number

65-0666070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, REBECA
6505 S.W. 26TH ST.
MIAMI FL 33155

Name

Nat Naccarato

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

10711 S W 104 Street

City

Miami

FL

Zip Code

33176

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)

9-15-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GARCIA, REBECA
6505 S.W. 26TH STREET
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003427478-9
-10/17/00--01048--007
****750.00 ****750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Rebeca Garcia, Sect (305) 598-2276

9-7-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -6 PM 2:57
CHANGE OF MAILING ADDRESS!!



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)