

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051856

1. Entity Name

MIAMI HOME CARE, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90003 018 ***150.00

Principal Place of Business

Mailing Address

427 NE 24 ST
MIAMI FL 33137

427 NE 24 ST
MIAMI FL 33137-4708

2. Principal Place of Business

427 NE 24 St

3. Mailing Address

11052 NW 6 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0673547

☒ 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

SAAVEDRA, ROSA M

427 NE 24 ST
MIAMI FL 33137

Name

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

City

FL

Zip Code

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 *Rosa* President

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/00

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 ☐ Delete
NAME D
STREET ADDRESS SAAVEDRA, ROSA M
CITY-ST-ZIP 11052 N.W. 6TH TERRACE
MIAMI FL 33172

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

Rosa President

04/30/00 (305) 576-8930

Daytime Phone #

CR2E034 (9/99)