

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0193379 AV

**DOCUMENT # P96000084504**

1. Entity Name  
**ARCOIRIS ADULT CARE INC.**

04-15-2002 90001 038 \*\*\*158.75

Principal Place of Business

**LISET TREJO**  
**601 N.W. 35TH AVE**  
**MIAMI FL 33125**

Mailing Address

**LISET TREJO**  
**601 N.W. 35TH AVE**  
**MIAMI FL 33125**

2. Principal Place of Business  
**MARISOL SOTO**

3. Mailing Address  
**MARISOL SOTO**

Suite, Apt. #, etc.  
**601 N.W. 35th AVE**

Suite, Apt. #, etc.  
**601 N.W. 35th AVE**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **65-0709816**

Applied For  
 Not Applicable

Zip  
**33125**

Country  
**U.S.A.**

Zip  
**33125**

Country  
**U.S.A.**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THE W. SERVICE, INC.**  
**9500 NW 77 AVE**  
**STE 14**  
**HIALEAH GARDENS FL 33016**

7. Name and Address of New Registered Agent

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

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, 2002 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	<b>P</b> <b>TREJO, LISET</b> <b>601 N.W. 335TH AVENUE</b> <b>MIAMI FL 33125</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>SOTO, MARISOL</b> <b>601 N.W. 35th AVE</b> <b>MIAMI, FL 33125</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>REYES, EUGENIO</b> <b>601 N.W. 35th AVE</b> <b>MIAMI, FL 33125</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**MARISOL SOTO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/02 (305)642-3294

Date

Daytime Phone #

CP2E034 (9/01)