2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000084504

DOCUMENT#

ARCOIRIS ADULT CARE INC.



FILED Apr 16, 2003 8:00 am § Secretary of State

04-16-2003 90142 032 ***150.00

Principal Place of Business MARISOL SOTO 601 N.W. 35TH AVE MIAMI FL 33125			Mailing Address MARISOL SOTO 601 N.W. 35TH AVE MIAMI FL 33125 3. Mailing Address Suite, Apt. #, etc. City & State		1				
2. Principal Place of Business Suite, Apt. #, etc. City & State					T (BEN) PER IND IDNIC BINIT BOURD BURN		H Dieol (IIII)	BAJII BIBI IBBI	
		CHECK HERE IF MAKING CHANGES							
		4. FEI Number 65-0709816				pplied For ot Applicable			
Zip Country			Zip *	Country	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name a	nd Address of Curren	t Registered Agent		7. Na	ame and Address of New Re	gistered Ag	gent	
				Name			4		1
THE W. S	SERVICE, INC.	, ,,,				*			
9500 NW				Street Addres	ss (P.O. Bo	x Number is Not Acceptable)			
STE 14	// AVE					· · · · · · · · · · · · · · · · · · ·			
	GARDENS FL	22016						1 7: 0	
HALLAH	CAMBERO ! L	33010	·	City			FL	Zip Cod	De
	tions of registere	ed agent.		s registered office or regis	stered ager	nt, or both, in the State of Flori	da. I am fa	miliar with	and accept
J.	Signature, typed or	orinted marrie of registered agen	and title if applicable. (NC	TE: Registered Agent signature requ	uired when rein	stating)	DATE		
Afte	er May/1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o		•		Election Campaign Final Trust Fund Contribution.	ncing		OO May Be d to Fees
Afte	er May/1, 2003	Fee will be \$550.00	of State	11.	ADC			Adde	d to Fees
Afte Make Chec	er May 1, 2003 k Payable to F	Fee will be \$550.00 Florida Department of OFFICERS AND	of State	11. TITLE	ADD	Trust Fund Contribution.	ERS AND (Adde	d to Fees
Afte Make Checi 10.	er May 1, 2003 k Payable to F P SOTO, MARI	Fee will be \$550.00 Florida Department of OFFICERS AND	D DIRECTORS	<u> </u>	ADD	Trust Fund Contribution.	ERS AND (Adde	d to Fees
Afte Make Check	P SOTO, MARI	Fee will be \$550.00 Florida Department of OFFICERS AND SOL STH AVENUE	D DIRECTORS	TITLE NAME STREET ADDRESS	ADC	Trust Fund Contribution.	ERS AND (Adde	d to Fees
Afte Make Check 10. TITLE NAME	er May 1, 2003 k Payable to F P SOTO, MARI	Fee will be \$550.00 Florida Department of OFFICERS AND SOL STH AVENUE	D DIRECTORS	TITLE . NAME	ADD	Trust Fund Contribution.	ERS AND (Adde	d to Fees
Afte Make Check 10. TITLE NAME STREET ADDRESS	P SOTO, MARI	Fee will be \$550.00 Florida Department of OFFICERS AND SOL STH AVENUE	D DIRECTORS	TITLE NAME STREET ADDRESS	ADC	Trust Fund Contribution.	CERS AND E	Adde	d to Fees
Afte Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG	Fee will be \$550.00 Florida Department of OFFICERS AND SOL STH AVENUE 125	D DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADC	Trust Fund Contribution.	CERS AND E	Adde DIRECTOR Change	d to Fees RS IN 11 Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADC	Trust Fund Contribution.	CERS AND E	Adde DIRECTOR Change	d to Fees RS IN 11 Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADC	Trust Fund Contribution.	CERS AND E	Adde DIRECTOR Change	d to Fees RS IN 11 Addition
Afte Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADC	Trust Fund Contribution.	CERS AND	Adde DIRECTOR Change	d to Fees RS IN 11 Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADC	Trust Fund Contribution.	CERS AND	Adde DIRECTOR Change Change	d to Fees SS IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADC	Trust Fund Contribution.	CERS AND	Adde DIRECTOR Change Change	d to Fees SS IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ADC	Trust Fund Contribution.	CERS AND	Adde DIRECTOR Change Change	d to Fees SS IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ADC	Trust Fund Contribution.	DERS AND (Adde DIRECTOR Change Change	d to Fees SS IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADC	Trust Fund Contribution.	DERS AND (Adde DIRECTOF Change Change	d to Fees SS IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	ADC	Trust Fund Contribution.	DERS AND (Adde DIRECTOF Change Change	d to Fees SS IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	D DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	ADC	Trust Fund Contribution.	DERS AND (Adde DIRECTOF Change Change	d to Fees SS IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL STH AVENUE 125 EINIO H AVENUE 125 125	D DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	ADC	Trust Fund Contribution.	CERS AND E	Adde DIRECTOF Change Change	d to Fees SS IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL 5TH AVENUE 125 FENIO H AVENUE	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADC	Trust Fund Contribution.	CERS AND E	Adde DIRECTOF Change Change	d to Fees RS IN 11 Addition Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE TITLE NAME	P SOTO, MARI 601 N.W. 33 WIAMI FL 33 VP REYES, EUG 601 NW 35T	Fee will be \$550.00 Florida Department of OFFICERS AND SOL STH AVENUE 125 EINIO H AVENUE 125 125	D DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADC	Trust Fund Contribution.	CERS AND E	Adde DIRECTOF Change Change Change	d to Fees RS IN 11 Addition Addition Addition

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee environment of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with the empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition