

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2003 8:00 am**  
**Secretary of State**

08-27-2003 90078 037 \*\*\*150.00

0047742 AV

**DOCUMENT # P96000094442**

1. Entity Name

**ASSISTED HOME LIVING INC #2**



Principal Place of Business

**2942 SW 4TH AVE  
MIAMI FL 33129**

Mailing Address

**6776 SW 64 ST  
SOUTH MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0729255**

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

**RAMOS, JUAN C JR.  
6776 S.W. 64TH STREET  
MIAMI FL 33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
RAMOS, JUAN C JR  
6776 S.W. 64TH STREET  
MIAMI FL 33143** ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**Juan C Ramos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-24-03**

**305-248-6971**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80141314 8-25-03.  
#P96000094442

To: TAX AGENT.

From: JUAN RAMOS

THIS IS A PETITION FOR WAIVER OF LATE FEES ON  
THE FOLLOWING CORPORATIONS AS I NEVER RECEIVED THE FIRST  
NOTICES. THE LAST TWO CORPS I HAVE YET TO RECEIVE  
ANY TAX BILLS. FOR THESE TWO PLEASE NOTE THAT THEY  
ARE FAIRLY NEW CORPORATIONS. IF THEY OWE ANY TAXES  
PLEASE CALL ME AT 305-218-6971 AND I WILL PERSONALLY  
BRING IN THE CHECKS THE SAME DAY YOU ALL!!!

CHECK #1	FOR ASSISTED HOME LIVING	150.00
" #2	" " " "	#2 150.00
" #3	" " " "	#3 150.00

→ ASSISTED HOME LIVING #4 (20-0012042) \$ ?  
→ HEALTH SOURCE L.L.C. (11-3674670) \$ ?

Thank You And sorry for  
the mess.

