

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028482

1. Entity Name

GENESIS HOME CARE, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90094 003 \*\*\*150.00

Principal Place of Business

5901 NW 151 ST  
STE 216  
MIAMI LAKES FL 33014  
US

Mailing Address

5901 NW 151 ST  
STE 216  
MIAMI LAKES FL 33014-2451  
US

2. Principal Place of Business

5901 NW 151 ST

3. Mailing Address

5901 NW 151 ST

Suite, Apt. #, etc.

Suite #216

Suite, Apt. #, etc.

Suite #216

City & State

MIAMI LAKE FL

City & State

MIAMI LAKE FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0741589

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PONJUAN, MAYRAH

5901 NW 151 ST

STE 216

MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Mayra Ponjuan

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

5901 NW 151 St Suite #216

City

MIAMI LAKE FL

FL

Zip Code

33014

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

3-23-00

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

TITLE SD  
NAME PONJUAN, MAYRAH  
STREET ADDRESS 5901 NW 151 ST, STE 216  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE PD  
NAME GARCIA, CANDELARIA  
STREET ADDRESS 5901 NW 151 ST., STE. 216  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Mayra Ponjuan  
STREET ADDRESS 5901 NW 151 St Suite #216  
CITY-ST-ZIP MIAMI LAKE FL 33014 ☒ Change ☐ Addition

TITLE SD  
NAME Manuel Alvarez  
STREET ADDRESS 5901 NW 151 St Suite #216  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

(305) 557-9367

Daytime Phone #

CR2E034 (9/99)