

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028482

1. Entity Name

GENESIS HOME CARE, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90200 001 \*\*\*\*\*8.75

04-25-2001 90200 002 \*\*\*150.00

Principal Place of Business

Mailing Address

5901 NW 151 ST  
STE 216  
MIAMI LAKES FL 33014  
US

5901 NW 151 ST  
STE 216  
MIAMI LAKES FL 33014  
US

38673



DO NOT WRITE IN THIS SPACE

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 Lakes FL

City & State

Miami Lakes FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

4. FEI Number

APPLIED FOR

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 Suite #216

City Miami Lakes

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

4-16-01

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, 2001 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 P  
NAME PONJUAN, MAYRAH  
STREET ADDRESS 5901 NW 151 ST, STE 216  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE SD  
NAME ALVAREZ, MANUEL  
STREET ADDRESS 5901 NW 151ST SUITE #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  
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

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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

Date

Daytime Phone #

4-16-01 (305) 557-9367

CR2E034 (10/00)