

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91497 039 ***150.00

DOCUMENT # P97000028482

1. Entity Name

GENESIS HOME CARE, INC.

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
 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 Lakes FL

City & State

Miami Lakes FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

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 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

Mayra Ponjuan

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02.

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

TITLE **SD** ☐ Delete
 NAME **ALVAREZ, MANUEL**
 STREET ADDRESS **5901 NW 151ST SUITE #216**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 an other like empowered.

SIGNATURE:

Mayra Ponjuan **4-30-02. (305) 557-9367.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)