

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028709

1. Entity Name

ELITE HOME HEALTH, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90098 048 ***150.00

Principal Place of Business

2404 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address

2404 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020-6807

2. Principal Place of Business

7320 Griffin Road

Suite, Apt. #, etc.

Suite 222

City & State

Davie FL

Zip

33314

Country

USA

3. Mailing Address

7320 Griffin Road

Suite, Apt. #, etc.

Suite 222

City & State

Davie FL

Zip

33314

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0758760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELL, STEVEN J
2404 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 PSTD
NAME KAPLAN, VIVIAN B
STREET ADDRESS 6721 SW 55TH STREET
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME KAPLAN, Vivian B
STREET ADDRESS 7320 Griffin Road, Suite 222
CITY-ST-ZIP DAVIE, FL 33314 ☒ Change ☐ Addit

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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: *Vivian Kaplan* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000

Date

954 581 8700

Daytime Phone #