

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034497

1. Entity Name

MAYRA'S ADULT CARE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90220 031 ***150.00

Principal Place of Business

4230 SW 5TH STREET
 MIAMI FL 33134

Mailing Address

4230 SW 5TH STREET
 MIAMI FL 33134-1943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0745303

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

RODRIGUEZ, LEONOR
 4230 SW 5TH STREET
 MIAMI FL 33134

Name JULIANA CHALA

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

4230 S.W. 5 STREET

City MIAMI

FL

Zip Code 33134

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

JULIANA CHALA

4-26-00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Delete
 NAME RODRIGUEZ, LEONOR
 STREET ADDRESS 4230 SW 5TH STREET
 CITY-ST-ZIP MIAMI FL 33134

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

TITLE VSD ☐ Delete
 NAME CHALA, JULIANA
 STREET ADDRESS 4230 SW 5TH STREET
 CITY-ST-ZIP MIAMI FL 33134

TITLE DIPS ☒ Change ☐ Addition
 NAME CHALA JULIANA
 STREET ADDRESS 4230 S.W. 5 STREET
 CITY-ST-ZIP MIAMI - FL 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIANA CHALA

4-26-00

Date

Daytime Phone #

CR2E034 (9/99)