

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000034497

1. Entity Name

MAYRA'S ADULT CARE, INC.



FILED

03 APR 14 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4230 S.W. 5TH STREET

Suite, Apt. #, etc.

3. Mailing Address

4230 S.W. 5TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-0745303

Applied For

Not Applicable

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JULIANA, CHALA

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

4230 S.W. 5 STREET

City

MIAMI

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPS
JULIANA CHALA
4230 SW 5 STREET
MIAMI - FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400015762284
04/11/03--01071--005 **150.00

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, will, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

Date

Daytime Phone #

CR2E034B (12/02)