

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000035573**

1. Entity Name

SUN CARE SERVICES OF SOUTH FLORIDA, CORP.**FILED**
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90004 006 ***158.75

Principal Place of Business

**9880 SW 40TH STREET
MIAMI FL 33165**

Mailing Address

**9880 SW 40TH STREET
MIAMI FL 33165**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**GONZALEZ, JORGE A
9880 SW 40TH ST
MIAMI FL 33165**

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, 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	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JORGE A	
STREET ADDRESS	5025 SW 113 CT	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	SD	<input type="checkbox"/> Delete
NAME	OLBERA, OSVALDO J	
STREET ADDRESS	5620 SW 108 COURT	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	GONZALEZ, DAMASO	
STREET ADDRESS	11191 SW 62ND TERR	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	SANTANA, MARIA E	
STREET ADDRESS	5620 SW 108 COURT	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 authorized 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge A. Gonzalez 2/2/01 305-228-1488

Date

Daytime Phone #

C0033795



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0746204**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

CR2E034 (10/00)