

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90721 001 \*\*\*150.00  
 05-22-2001 90721 002 \*\*\*\*\*8.75

DOCUMENT # *P97000091126*

1. Entity Name  
*A & R Home Health Care, Inc.*

Principal Place of Business Mailing Address  
*13255 SW 137th Ave Same.*  
*Ste 105*  
*Miami, FL 33186*

4559

2. Principal Place of Business 3. Mailing Address  
*13255 SW 137th Ave Same.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*105*

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
*Miami FL 65-0810783 Not Applicable*  
 Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
*33186 USA*

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
*Roxanne Angelica* Name  
*9350 SW 64th* Street Address (P.O. Box Number is Not Acceptable)  
*Miami, FL 33173*  
*Ricardo Mulet*  
*11015 SW 152 St. Miami, FL 33157* 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 *Roxanne Angelica/Vice President.* 4/30/01  
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President Ricardo Mulet 11015 SW 152 St Miami, FL 33157</i>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President Roxanne Angelica 9350 SW 64th St Miami, FL 33173</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Roxanne Angelica/Vice President* 4/30/01 /305-632-2035  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #