

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012230

1. Entity Name

AFFORDABLE HOME CARE & MEDICAL EQUIPMENT, INC.

R

FILED

Jul 18, 2000 8:00 am  
Secretary of State

07-18-2000 90016 033 \*\*\*150.00

Principal Place of Business

20002 NW 62ND PLACE  
MIAMI FL 33015

Mailing Address

20002 NW 62ND PLACE  
MIAMI FL 33015-2167

2. Principal Place of Business

9810 NW 80 Ave

3. Mailing Address

9810 NW 80 Ave

Suite, Apt. #, etc.

Bay 8L

Suite, Apt. #, etc.

Bay 8L

City & State

MIAMI GARDENS FL

City & State

MIAMI GARDENS FL

Zip

Country

33016

USA

Zip

Country

33016

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNIER, CARLOS  
20002 NW 62ND PLACE  
MIAMI FL 33015

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]*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNIER, CARLOS	
STREET ADDRESS	20002 NW 62ND PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9810 NW 80 Ave Bay 8L	
CITY-ST-ZIP	MIAMI GARDENS, FL 33016	
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
NAME		
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 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

7/11/2000  
Date

(305) 362-0633  
Daytime Phone #

CR2E034 (9/99)

P98000012230

A0048088



**Affordable Home Care**

**& Medical Equipment**

Medical Equipment & Rehab Supplies  
Custom Wheel Chairs

Dear Dep. of State  
one December of 1999. We  
moved and we change our  
mailing address. we just  
Received our 2000 Uniform Business  
Report. I'm mailing the form  
with the check right away Thank  
you.

9810 N.W. 80th Ave., Suite 8-L, Hialeah Gardens, FL 33016  
Tel: (305) 362-0633 • Fax: (305) 362-0663