

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90023 009 ***150.00

DOCUMENT # P98000013769

1. Entity Name

SUPREME HOME HEALTH CARE AGENCY, INC.

Principal Place of Business

951 SW 87 AVE
 SUITE B
 MIAMI FL 33174
 US

Mailing Address

951 SW 87 AVE
 SUITE B
 MIAMI FL 33174
 US

2. Principal Place of Business

937 SW 87 Ave.

3. Mailing Address

937 SW 87 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33174

Country US

Zip

33174

Country US

4. FEI Number

65-0809842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BLANDY, JUAN
13016 SW 88 TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Blandy Juan

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

14752 SW 143 Ter.

City

Miami

FL

Zip Code

33196

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)

1/10/02

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, 2002 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 PS
 NAME BLANDY, JUAN
 STREET ADDRESS 13016 SW 88 TERRACE
 CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE VPT
 NAME GALLEGOS, MERCY
 STREET ADDRESS 13016 SW 88 TERRACE
 CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.S.
 NAME Blandy, Juan
 STREET ADDRESS 14752 SW 143 Ter.
 CITY-ST-ZIP Miami FL 33196 ☒ Change ☐ Addition

TITLE VPT
 NAME Gallegos, Mercy
 STREET ADDRESS 14752 SW 143 Ter
 CITY-ST-ZIP Miami FL 33196 ☒ Change ☐ Addition

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 (905) 266-9335

0275681 AV

CP2E034 (9/01)