FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90059 050 ***150.00

DOCUMENT # P98000069661

1. Entity Name
E.A.B. HOME CARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9800 W. BAY HARBOR DR.	1501 SW 16 AVE
Suite, Apt. #, etc. #406	Suite, Apt. #, etc.
City & State BAY HARBOR ISLAND FL	City & State MIAMI FL
Zip 33154 Country USA	Zip 33145 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856422 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ~~ELSA A BLANCO~~
Street Address (P.O. Box Number is Not Acceptable) ~~9800 W. BAY HARBOR DRIVE~~
#406
City BAY HARBOR ISLAND **FL** Zip Code 33154

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 X [signature] ELSA A. BLANCO, PRES. 4/25/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D P	TITLE	
NAME	BLANCO, ELSA A.	NAME	
STREET ADDRESS	9800 W. BAY HARBOR DR #406	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] ELSA A. BLANCO 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #