

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91566 029 ***158.75

DOCUMENT # P98000080115

1. Entity Name

Nation Senior Care, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3157 W 78 PL

Suite, Apt. #, etc.

3. Mailing Address

256 NW 42 Ave

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip 33018

Country US

City & State

Miami FL

Zip 33126

Country US

4. FEI Number

65-0863538

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Bouza Vivian R

Street Address 3157 W 78 PL

City Hialeah

FL

Zip Code 33018

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IN THIS SPACE**

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)

☐

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 NAME P Valdez Rolando
STREET ADDRESS 3157 W 78 PL Hialeah FL 33018
CITY - ST - ZIP

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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

Signature Page #

CRS-E034B (12/01)