

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084080

1. Entity Name

FLORIDA ADULT CARE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90125 020 ***150.00

Principal Place of Business

431 EAST 10 ST
HIALEAH FL 33010
US

Mailing Address

431 EAST 10 ST
HIALEAH FL 33010-3631
US

2. Principal Place of Business

431 EAST 10 ST

Suite, Apt. #, etc.

3. Mailing Address

431 EAST 10 ST

Suite, Apt. #, etc.

City & State

HIALEAH FL 33010

Zip

Country

City & State

HIALEAH, FL 33010

Zip

Country

4. FEI Number

65-0866340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SERRANO, CARMEN

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

5948 WEST 16th AVENUE

City HIALEAH, FL

FL

Zip Code

33012

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 CARMEN SERRANO/ PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/21/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SERRANO, CARMEN
1490 W 49 PL #310
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SERRANO, CARMEN
5948 WEST 16TH AVENUE
HIALEAH, FL 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2000 (305) 822-1907

Date

Daytime Phone #

CR2E034 (9/99)