

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084080

1. Entity Name  
FLORIDA ADULT CARE, INC.

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90029 046 \*\*\*158.75

Principal Place of Business 431 EAST 10 ST HIALEAH FL 33010 US		Mailing Address 431 EAST 10 ST HIALEAH FL 33010 US	
2. Principal Place of Business 431 E 10 ST HIALEAH Florida 33010		3. Mailing Address 431 E 10 ST HIALEAH Florida 33010	
City, State, Zip		City, State, Zip	
Country		Country	



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0866340	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SERRANO, CARMEN 1940 NW 16 TERRACE APT # 204-F MIAMI FL 33125		7. Name and Address of New Registered Agent Name SERRANO, CARMEN Street Address (P.O. Box Number is Not Acceptable) 1940 NW 16 TERRACE APT # 204-F City MIAMI FL Zip Code 33125	
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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 DATE 04/11/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SERRANO, CARMEN 1940 NW 16 TERRACE APT # 204-F MIAMI FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President SERRANO, CARMEN 431 EAST 10 ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen Serrano DATE 04/11/2001 (305) PPP-3066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)