

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000095840

1. Entity Name
SANTOVENIA ADULT DAY CARE INC.

| | |
|--|--|
| Principal Place of Business 13359 BIRD ROAD MIAMI FL 33175 | Mailing Address 13359 BIRD ROAD MIAMI FL 33175 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|------------------------------------|---|--|
| 4. FEI Number 65-0875744 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

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

6. Name and Address of Current Registered Agent

RUIZ ERIKA
 13359 BIRD ROAD

 MIAMI FL 33175

7. Name and Address of New Registered Agent

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

 City **FL** Zip Code

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 _____ **03/21/2001**
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)

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. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | |
|----------------------------|-------------------|---------------------------------|--|
| TITLE | SD | <input type="checkbox"/> Delete | |
| NAME | RUIZ ERIKA | | |
| STREET ADDRESS | 13363 SW STREET | | |
| CITY-ST-ZIP | MIAMI FL 33175 | | |
| TITLE | VD | <input type="checkbox"/> Delete | |
| NAME | MORA MARILU | | |
| STREET ADDRESS | 13363 SW STREET | | |
| CITY-ST-ZIP | MIAMI FL 33175 | | |
| TITLE | PD | <input type="checkbox"/> Delete | |
| NAME | PERDOMO MARISABEL | | |
| STREET ADDRESS | 13363 SW 42 ST | | |
| CITY-ST-ZIP | MIAMI FL 33175 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|---|-----------------|--|-----------------------------------|
| TITLE | SD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | YANEZ LUZ | | |
| STREET ADDRESS | 13363 SW STREET | | |
| CITY-ST-ZIP | MIAMI FL 33175 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: LUZ YANEZ **SD** **03/21/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)