

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

DOCUMENT # P98000106192

1. Entity Name

CHARITTE MEDICAL CARE, INC.

03-12-2001 90412 001 ***150.00
 03-12-2001 90412 002 *****8.75

Principal Place of Business

Mailing Address

~~417 NW 16TH STREET~~ **13706 SW 56ST** ~~417 NW 16TH STREET~~ **13706 SW 56ST**
~~SUITE 1~~ **MIAMI** ~~4202~~ **SUITE 1** **#202**
~~BELLE GLADE FL 33430~~ **FL 33175** ~~BELLE GLADE FL 33430~~ **MIAMI FL 33175**

2. Principal Place of Business

13706 SW 56 ST

Suite, Apt. #, etc.

SUITE 202

City & State

MIAMI FL

Zip

33175

Country

USA

3. Mailing Address

13706 SW 56 ST

Suite, Apt. #, etc.

SUITE 202

City & State

MIAMI FL

Zip

33175

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0882787**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BAULLOSA, XIOMARA
14766 SW 74TH LANE
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name **XIOMARA BAULLOSA**

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

13706 SW 56 ST #202

City

MIAMI

FL

Zip Code

33175

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **BAULLOSA, XIOMARA**
 STREET ADDRESS **14766 SW 74TH LANE**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE **BAULLOSA XIOMARA** ☐ Change ☐ Addition
 NAME **BAULLOSA XIOMARA**
 STREET ADDRESS **4371 SW 149 COURT**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE **VPSD** ☐ Delete
 NAME **VALIDO, JORGE A**
 STREET ADDRESS **14766 SW 74TH LANE**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE **JORGE A VALIDO** ☐ Change ☐ Addition
 NAME **JORGE A VALIDO**
 STREET ADDRESS **4371 SW 149 COURT**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)