

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013687

1. Entity Name

HOME HEALTHCARE NETWORK, INC.

Principal Place of Business

8350 NW 52 TERRACE, #103  
MIAMI FL 33166

Mailing Address

8350 NW 52 TERRACE, #103  
MIAMI FL 33166

2. Principal Place of Business

4953 SW 74th  
Suite, Apt. #, etc.

3. Mailing Address

SAME as #2  
Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

APPLIED FOR

65-1087281

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

SALAZAR, NELSON  
8350 NW 52 TERRACE, #103  
MIAMI FL 33166

Name

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

4953 SW 74th

City

Miami

State

FL

Zip Code

33155

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PO  
SALAZAR-REBULL, AIDA  
8350 NW 52 TERRACE, #103  
MIAMI FL 33166

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
4953 SW 74th  
Miami FL 33155

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VO  
SALAZAR, NELSON  
8350 NW 52 TERRACE, #103  
MIAMI FL 33166

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
4953 SW 74th  
Miami FL 33155

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

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NAME  
STREET ADDRESS  
CITY-STATE-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, name or other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 (305) 267-0074

FILED  
May 21, 2001 8:00 am  
Secretary of State

04-30-2001 90321 028 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CRE034 (10/00)