## ว๊กลัก แมเคดRM BUSINESS REPORT (UBR)

DOCU	MENT#	P99000	0019589	(		FILED		
1. Entity Name UNION HOME CARE INC.								
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						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address						TALLAHASSEE, FLORIDA		
12915 SW 21st ST					·			
	MIA	MI, FL 3317	/5			·		
2. Principal Pi	ace of Busines	s	3. Mailing Address			•		
Suite, Apt.	#. etc		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	<del></del>		City & State	City & State		4. FEI Number Applied Fo Not Applied Fo		
Zip Country			Zıp	Zip Count		5. Certificate of Status Desired  \$8.75 Additional Fee Required		
6. Name and Address of Current			nt Registered Agent	egistered Agent		7. Name and Address of New Registered Agent		
					Name			
		GUARD SER	RVICES INC.	Ī	Street Address (P.O. Box Number is Not Acceptable)			
9274 SW 40th ST. MIAMI, FL 33165								
•	14117 111	11, 1 12 33103				FL Zip Code		
8. The above	named entity s	ubmits this statemen	t for the purpose of changing it	s registere	d affice or regi	gistered agent, or both, in the State of Florida.		
SIGNATURE _	Signature Typed of p	printed name of registered ag	gent and title if applicable. (NO	TE: Registered	Agent signature red	equired when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible						10. Election Campaign Financing\$5.00 May	Re	
_	equirement and ia on back)	l elects to do so.	After MAY 1, 2  Make Check Paya			Trust Fund Contribution.   Added to Fee		
11.		OFFICERS AI	ND DIRECTORS	12.	CAN CAN LAND BELLEVIEW	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D		Delete	TITLE NAMÉ		☐ Change ☐ Ad	dillon	
NAME STREET ADDRESS		E. CINTORA W 21st ST.			T ADDRESS	3000033157139		
CITY+\$T+ZIP	MIAMI,	Dr. 00155			ST- ZIP	****150.00 ****150.00		
TITLE NAME	47D			TITLE NAME		Change Ao	dition	
STREET ADDRESS	SS 12915 SW 21st ST.			•	ET ADDRESS			
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<sup>13.</sup> Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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.

## UNION HOME CARE INC. DOC.#P99000019589

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ATTN: ANDY DUNLAP

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. AS PER OUR CONVERSATION ON FRIDAY 6/23/00 I HAD MADE THIS PAYMENT THRU A COMPANY THAT TOLD ME THEY WILL TAKE CARE OF SENDING THE 2000 UNIFORM BUSINESS REPORT FOR ME AND IT HAS BEEN OVER THREE WEEKS AND THE COMPANY HAS NOT GIVEN ME ANY RESPONSE. I AM STILL IN THE PROCESS OF DISPUTING THIS WITH THEM HOPING I DON'T HAVE TO TAKE ANY LEGAL ACTIONS BUT IT IS IMPERATIVE THAT I GET THIS DONE AS SOON AS POSSIBLE BECAUSE I HAVE A LICENSE PENDING UPON THE FILING OF THIS REPORT. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT

CORDIALLY

JULIO E. CINTORA

**PRESIDENT**