

P99000019589

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TALLAHASSEE, FL

RA change
T. Lewis 3/31/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Union Home Care, Inc.
(Name of corporation)

DOCUMENT NUMBER: P99000019589

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Osmany Diaz
(Name of person)

Union Home Care, Inc.
(Name of firm/company)

12915 S.W. 21 Street
(Address)

Miami, Florida 33175
(City/state and zip code)

For further information concerning this matter, please call:

Osmany Diaz at (305) 389-3227
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

March 22, 2003

Florida Department of State
Division of Corporations
Amendment Section
409 Gains Street
Tallahassee, Florida 32399

Re: Lettter Number 500A00016915

Dear Sir/Madam:

Attached please find the paperwork for Union Home Care, Inc. located at 12915 SW 21 Street, Miami, Florida 33175.

Sincerely,

A handwritten signature in black ink, appearing to read 'Osmany Diaz', with a stylized flourish at the end.

Osmany Diaz
Director and President



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 19, 2003

OSMAY DIAZ
UNION HOME CARE, INC.
12915 S.W. 21 STREET
MIAMI, FL 33175

SUBJECT: UNION HOME CARE INC.
Ref. Number: P99000019589

Upon receipt of your letter and/or check totaling \$35.00, no document was found. Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 503A00016915

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Dade in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Union Home Care Inc.
2. The principal office address: 12915 S.W. 21 Street
Miami, Florida 33175
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/02/1999 Document number: P99000019589
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Rosa L. Mendoza
12915 S.W. 21 Street
Miami, Florida 33175
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
Osmany Diaz
12915 S.W. 21 Street
(P.O. Box or personal mailbox NOT acceptable)
Miami, Florida 33175

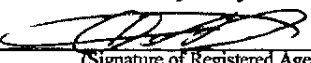
The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Rosalinda Mendoza
(Signature of an officer, chairman or vice chairman of the board)

Rosa L. Mendoza President
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

March 4, 2005
(Date)

If signing on behalf of an entity:

Osmany Diaz
(Typed or Printed Name)

President Director
(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314