

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90063 017 ***150.00

DOCUMENT # P99000035341

1. Entity Name

HOUSE CALLS USA, INC.

Principal Place of Business

6620 S.W. 92ND STREET
MIAMI FL 33156

Mailing Address

6620 S.W. 92ND STREET
MIAMI FL 33156-1838

2. Principal Place of Business

470 BILTMORE WAY

Suite, Apt. #, etc.

Suite 200

City & State

CORAL GABLES FL

3. Mailing Address

470 BILTMORE WAY

Suite, Apt. #, etc.

Suite 200

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0917460

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, KEVIN D.O.
6620 S.W. 92ND STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: HARRIS MONES DO

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

Suite 200

City CORAL GABLES

FL

Zip Code 33134

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

4/20/00

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, 2000 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: ~~HARRIS MONES DO~~
NAME: ~~PRESIDENT~~
STREET ADDRESS:
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ DeleteTITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: HARRIS MONES DO
STREET ADDRESS: 470 BILTMORE WAY
CITY-ST-ZIP: SUITE 200 CORAL GABLES FL 33134 ☐ Change ☒ AdditionTITLE: VICE PRESIDENT
NAME: KEVIN FOX DO
STREET ADDRESS: 470 BILTMORE WAY SUITE 200
CITY-ST-ZIP: CORAL GABLES FL 33134 ☐ Change ☒ AdditionTITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 (9/99)