

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040855

1. Entity Name

HUMAN CARE MEDICAL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

01-21-2000 90118 042 ***150.00

Principal Place of Business

6225 KENDALE LAKES CIRCLE
#D-156
MIAMI FL 33183

Mailing Address

6225 KENDALE LAKES CIRCLE
#D-156
MIAMI FL 33183-1952

2. Principal Place of Business

8080 W. Flagler St
Suite, Apt. #, etc.
2E

3. Mailing Address

8080 W. Flagler St
Suite, Apt. #, etc.
2E

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

DADE

Zip

33144

Country

DADE

4. FEI Number

05-0924937

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

TRIMPIN, ALAN
6225 KENDALE LAKES CIRCLE
#D-156
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(Alan Trimpin)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/01/2000

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, 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	P	<input type="checkbox"/> Delete
NAME	TRIMPIN, ALAN	
STREET ADDRESS	6225 KENDALE LAKES CIRCLE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME	Estevan, Raquel	
STREET ADDRESS	NP. NP.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	Juan R. Fernandez	
STREET ADDRESS	sho les Dom. Rep.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/00 (305) 260-2000
Date Daytime Phone #

CR2E034 (9/99)