

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90102 037 ***150.00

DOCUMENT # P99000070635

1. Entity Name

FMH Adult Day Activity Health Center, Inc.

Principal Place of Business

Mailing Address

9060 SW 24th
Miami, FL 33165

2. Principal Place of Business

9060 SW 24th

3. Mailing Address

9060 SW 24th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65.0943180

☒ Applied For

☐ Not Applicable

Zip

33165

Country

US

Zip

33165

Country

US

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

Hernandez Fatima
4025 SW 138 Ave
Miami, FL 33175

Name Fatima Hernandez

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

4025 SW 138 Ave

City

Miami

FL

Zip Code

33175

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 Fatima Hernandez (resident)

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

(NOTE: Registered Agent signature required when reinstating)

6/14/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fatima Hernandez 4025 SW 138 Ave Miami, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address correction
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Fatima Hernandez 4025 SW 138 Ave Miami, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address correction
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Fatima Hernandez / Fatima Hernandez

6/14/00

Date

305.505.3012

Daytime Phone #

CR2E034 (9/99)