

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90002 018 ***550.00

DOCUMENT # P99000070635

1. Entity Name
FMH ADULT DAY ACTIVITY HEALTH CENTER, INC.

Principal Place of Business

9660 SW 24 ST
MIAMI FL 33165
US

Mailing Address

9660 SW 24 ST
MIAMI FL 33165
US

2. Principal Place of Business

FMH Adult Day Health
 Suite, Apt. #, etc.

3. Mailing Address

9660 SW 24 St.
 Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

FL

Zip

33187

Country

USA

Zip

33187

Country

USA

4. FEI Number

65-0943180

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, FATIMA
4025 SW 138 AVE
MIAMI FL 33175

delete

7. Name and Address of New Registered Agent

Name *Armando Gonzalez*
Street Address (P.O. Box Number is Not Acceptable) *16137 SW 134 St.*
City *MIAMI* **FL** *33187*

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 *Armando Gonzalez*

(NOTE: Registered Agent signature required when reinstating)

DATE

7/3/01

9. This corporation is eligible to satisfy its intangible Taxing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **GONZALEZ, ARMANDO**
CITY-ST-ZIP **4025 SW 138 AVE**
MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7/3/01

(305) 207-4466

CR2E034 (5/01)