

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90028 022 ***550.00

DOCUMENT # P99000102830

1. Entity Name

A.V. CARE ALF CORPORATION

Principal Place of Business

**2633 WEST 74TH TERRACE
HIALEAH FL 33016**

Mailing Address

**2633 WEST 74TH TERRACE
HIALEAH FL 33016**

2. Principal Place of Business

7521 West 30 Lane

3. Mailing Address

7521 West 30 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33018

Country

USA

Zip

33018

Country

USA

4. FEI Number

65-0963674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLER, VIVIAN

**2633 WEST 74TH TERRACE
HIALEAH FL 33016**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Vivian Soler president

9/10/01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **SOLER, VIVIAN**
STREET ADDRESS **2633 WEST 74TH TERRACE**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **PSD** ☒ Change ☐ Addition
NAME **Soler Vivian**
STREET ADDRESS **7521 W 30 Lane**
CITY-ST-ZIP **Hialeah FL 33018**

TITLE **TD** ☐ Delete
NAME **VILLEGAS, ARIEL**
STREET ADDRESS **2633 WEST 74TH TERRACE**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **TD** ☒ Change ☐ Addition
NAME **Villegas, Ariel**
STREET ADDRESS **7521 W 30 Lane**
CITY-ST-ZIP **Hialeah FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01 305 3338143

Date

Daytime Phone #

CR2E034 (5/01)