

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102905

1. Entity Name

ELITE HOME HEALTH AGENCY, INC.

R

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90029 023 ***150.00

Principal Place of Business

1350 N.E. 125TH STREET
SUITE 201
NORTH MIAMI BEACH FL 33161

Mailing Address

1350 N.E. 125TH STREET
SUITE 201
NORTH MIAMI BEACH FL 33161

A0074157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1350 NE 125

3. Mailing Address

1350 NE 125 ST

Suite, Apt. #, etc.

201 E

Suite, Apt. #, etc.

201 E

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0965187 21912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBBS, CESMINE
1350 N.E. 125TH STREET
SUITE 201
NORTH MIAMI BEACH FL 33161

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

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 13, 2000 Min. 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 P
NAME GIBBS, CWSMINE
STREET ADDRESS 2780 N.E. 183RD STREET, #2009
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Cesmine Gibbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00

Date

305)898-0700

Daytime Phone #

CR2E034 (5/00)

Attachment DOC# P99000102905
A0074157

August 15, 2000

Division of Corporations
Uniform Business Report filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I spoke to your department today, concerning the second notice of filing which I received. As I explained, I never received a first notice. Per your instructions, I am enclosing a check in the amount of \$150.00, along with the 2000 Uniform Business Report.

Thank you for your help.

Sincerely,



Cesmine Gibbs