

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109099

1. Entity Name  
**FRAIL ADULT & LOW INCOME ASSOCIATION, INC.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90001 019 \*\*\*155.00

Principal Place of Business Mailing Address  
**1800 SW 1<sup>st</sup> ST.**  
**SUITE 211**  
**MIAMI, FL 33135**

UUUJJJJJJ

2. Principal Place of Business <b>1800 SW 1<sup>st</sup> ST</b> Suite, Apt. #, etc. <b>211</b> City & State <b>MIAMI FL</b> Zip <b>33135</b> Country <b>DADE</b>	3. Mailing Address <b>1800 SW 1<sup>st</sup> ST</b> Suite, Apt. #, etc. <b>211</b> City & State <b>MIAMI, FL</b> Zip <b>33135</b> Country <b>DADE</b>
---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0969193** Applied For  Not Applicable   
 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**

**MIGUEL FALCON**  
**1800 SW 1<sup>st</sup> ST**  
**SUITE 211**  
**MIAMI, FL 33135**

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 \_\_\_\_\_ (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 \$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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSE R. GONZALEZ</b> <b>1800 SW 1<sup>st</sup> ST</b> <b>SUITE 211 MIAMI, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUAN GONZALEZ</b> <b>1800 SW 1<sup>st</sup> ST</b> <b>SUITE 211 MIAMI, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRED H. ENOWEN</b> <b>1800 SW 1<sup>st</sup> ST</b> <b>SUITE 211 MIAMI, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MIGUEL FALCON</b> <b>1800 SW 1<sup>st</sup> ST</b> <b>SUITE 211 MIAMI, FL 33135</b>
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"/> 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:  **JUAN GONZALEZ** **APRIL 14, 2000** (305) 541-1006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #