

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36912

1. Entity Name

PHLEBOTOMIST HOME SERVICE, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90459 019 ***150.00

Principal Place of Business

1301 W 68 ST.
SUITE E-2
HIALEAH FL 33014
US

Mailing Address

1301 W 68 STREET
SUITE E-2
HIALEAH FL 33014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0271984

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ANA
6245 W 12 AVE
HIALEAH FL 33012

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

President

(NOTE: Registered Agent signature required when reinstating)

3-7-2001

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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, ANA	
STREET ADDRESS	6245 W. 12 AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, RAFAEL	
STREET ADDRESS	3164 WEST 74TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALVAREZ, BENJAMIN	
STREET ADDRESS	6245 W 12 AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanette, Garcia	
STREET ADDRESS	6245 W. 12 AVE	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA ALVAREZ	
STREET ADDRESS	6245 W. 12 AVE	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL PEREZ	
STREET ADDRESS	6245 W. 12 AVE	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)