

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90060 018 ***150.00

DOCUMENT # S52353

1. Entity Name

TOTAL CARE HOME HEALTH, INC.

Principal Place of Business

5434 NW 94 DORAL
MIAMI FL 33178
US

Mailing Address

P.O. BOX 520963
MIAMI FL 33152
US

2. Principal Place of Business

2655 LeJeune Rd
Suite, Apt. #, etc.
STE 509

3. Mailing Address

Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State

Zip
33134

Country
U.S.

Zip

Country

4. FEI Number **65-0283441**

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

ESPINO, MARIO
5434 NW 94 DORAL PLACE
MIAMI FL 33178

Name **Mario Espino**

Street Address (P.O. Box Number is Not Acceptable)

2655 LeJeune Rd #509

City **Coral Gables**

FL

Zip Code
33134

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
ESPINO, MARIO
5434 NW 94 DORAL PLACE
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPST
Mario Espino
8318 SW 193 ST
MIA FL 33157 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)