

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90091 010 ***158.75

DOCUMENT # S70370

1. Entity Name
UNITED CARE INC.



Principal Place of Business
**3145 S.W. 103RD PLACE
MIAMI FL 33165
US**

Mailing Address
**3145 S.W. 103RD PLACE
MIAMI FL 33165
US**



2. Principal Place of Business
7216 SW 8 ST

3. Mailing Address
275 E 20 ST

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
HIALEAH FL

Zip
33144

Country
US

Zip
33010

Country
US

4. FEI Number
65-0274650

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAMACHO, ARACELY
7729 WEST 34TH COURT
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name **CAMACHO, ARACELY**
Street Address (P.O. Box Number is Not Acceptable)
275 E 20 ST
City **HIALEAH FL** Zip Code **33010**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Aracely Camacho*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-16-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **CAMACHO, ARACELY**
STREET ADDRESS **7729 WEST 34TH COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☐ Addition
NAME **CAMACHO, ARACELY**
STREET ADDRESS **275 E 20 ST**
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE **VPSTD** ☐ Change ☒ Addition
NAME **VAZQUEZ, ARACELY G**
STREET ADDRESS **8210 SW 163 PL**
CITY-ST-ZIP **MIAMI FL 33193**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Aracely Camacho*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-16-03** DAYTIME PHONE # **786-262-7836**

CR2E034 (10/02)