

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90088 047 ***150.00

DOCUMENT # S74950

1. Entity Name
NEW HEALTH CARE, CORPORATION



Principal Place of Business
**7105 SW 8 STREET SUITE #306
MIAMI FL 33144
US**

Mailing Address
**7105 SW 8 STREET SUITE #306
MIAMI FL 33144
US**



2. Principal Place of Business
2500 S.W. 107 Ave.

3. Mailing Address
2500 S.W. 107 Ave.

Suite, Apt. #, etc.

#50

Suite, Apt. #, etc.

#50

City & State

MIAMI, FL

City & State

Miami, FL

Zip

33165

Country

Zip

33165

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0281709**

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

**FORNARIS, ADDIE
5201 NW 7TH ST.
#515-W
MIAMI-FL 33126**

Name

ADDIE FORNARIS

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

9441 S.W. 31 Terr.

MIAMI

City

MIAMI,

FL

Zip Code

33165

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
FORNARIS, ADDIE
9441 SW 31ST TERRACE
MIAMI FL 33165** ☐ Delete

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

TITLE
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FORNARIS, ADDIE
9441 SE 31ST TERRACE
MIAMI FL 33165** ☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

ADDIE FORNARIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

Daytime Phone #

CR2E034 (10/02)