

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91000 023 ***150.00

DOCUMENT # S80490

1. Entity Name
MIAMI GARDENS CARE CENTRE, INC.



Principal Place of Business
190 NE 191 STREET
MIAMI FL 33179
US

Mailing Address
190 NE 191 STREET
MIAMI FL 33179
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0270903**

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

7. Name and Address of New Registered Agent

KATZ, RICK
190 NE 191 STREET
MIAMI FL 33179

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. 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

4-4-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	KATZ, RICK	
STREET ADDRESS	21918 PHILMONT COURT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXANDER, MICHAEL	
STREET ADDRESS	5588 BARNSTEAD CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEXANDER, CHERRI	
STREET ADDRESS	5588 BARNSTEAD CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	KATZ, LAURIE	
STREET ADDRESS	21918 PHILMONT COURT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katz, Rick	
STREET ADDRESS	5856 NW 54 Circle	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander, Michael	
STREET ADDRESS	3901 Cypress Lake Drive	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander, Cheri	
STREET ADDRESS	3901 Cypress Lake Drive	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katz, Laurie	
STREET ADDRESS	5856 NW 54 Circle	
CITY-ST-ZIP	Coral Springs, FL 33067	
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		

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

305-651-9690

Date

Daytime Phone #

CR2E034 (10/02)