

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88288

1. Entity Name

LAS MERCEDES HOME CARE CORP.

FILED

01 JAN 30 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1790 W. 49TH STREET STE. 400-11 HIALEAH, FL 33012	Mailing Address 1790 W. 49TH STREET STE. 400-11 HIALEAH, FL 33012
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2. Principal Place of Business 800 - 71ST STREET Suite, Apt. #, etc.	3. Mailing Address 800-71ST STREET Suite, Apt. #, etc.
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City & State MIAMI BEACH, FLORIDA	City & State MIAMI BEACH, FLORIDA	4. FEI Number 65-0293211	Applied For Not Applicable
Zip 33141	Country US	Zip 33141	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

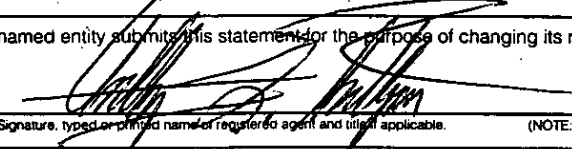
6. Name and Address of Current Registered Agent

MARISEL PERAZ HARNANDEZ
1790 W. 49TH STREET, STE. 400-11
HIALEAH, FLORIDA 33012

7. Name and Address of New Registered Agent

Name
ANTHONY L. TRULLENQUE ESQ.
Street Address (P.O. Box Number is Not Acceptable)
7098 BONITA DRIVE
MIAMI BEACH, FLORIDA 33141
City
MIAMI BEACH, FLORIDA
Zip Code
33141

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  DATE 01-29-01

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	PST MARISEL PERAZ HARNANDEZ <input checked="" type="checkbox"/> Delete 701 W. 30TH HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTHA HERNANDEZ <input checked="" type="checkbox"/> Delete 161 E 43RD ST HIALEAH, FL 33013
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA TERESA CRESPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 N.W. 32ND PLACE MIAMI, FLORIDA 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT NIDIA FIDALGO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6855 ABBOTT AVENUE, # 803 MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANTHONY L. TRULLENQUE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7098 BONITA DRIVE MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003656708--1 02/08/01--01004--015 158.75 158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowers.

VICE PRESIDENT, (305)867-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #