

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** S88288  
 1-Entity Name  
**LAS MERCEDES HOME CARE CORP.**

AMENDED ANNUAL REPORT

FILED

01 JUL 16 PM 2:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 1790 W. 49TH STREET      1790 W. 49TH STREET  
 STE. 400-11      STE. 400-11  
 HIALEAH, FL 33012      HIALEAH, FL 33012

**2. Principal Place of Business**      **3. Mailing Address**  
 800-71ST STREET      800-71ST STREET  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 MIAMI BEACH, FLORIDA      MIAMI BEACH, FLORIDA  
**Zip**      **Country**      **Zip**      **Country**  
 33141      US      33141      US

**4. FEI Number**      **Applied For**  
 65-0293211       Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 MARISEL-PERAZ HERNANDEZ  
 1790 W. 49TH STREET, STE. 400-11  
 HIALEAH, FLORIDA 330112

**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  
**City** MIAMI BEACH      **FL**      **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** 07-13-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> MARIA TERESA CRESPO 32 N.W. 32ND PLACE MIAMI, FLORIDA 33125	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> NIDIA FIDALGO 6855 ABBOT AVENUE MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> ANTHONY L. TRULLENQUE 7098 BONITA DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> ANTHONY L. TRULLENQUE 7098 BONITA DRIVE MIAMI BEACH, FLORIDA 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**       **VICE PRESIDENT (305)867-9333**      **DATE** 07-13-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)