

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

AMENDED ANNUAL REPORT  
**FILED**

DOCUMENT # **S88288**

1. Entity Name  
**LAS MERCEDES HOME CARE, CORP.**

02 JUL -2 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

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

3. Mailing Address  
**800-71ST STREET**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**JEANNE SPATZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**9423 SOUTH HOLLYBROOK LAKE DRIVE**  
City  
**PEMBROKE PINES FL** Zip Code  
**33025**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**6/13/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<b>PS</b> <b>X DELETE</b> <b>TRULLENQUE, ANTHONY L.</b> <b>7098 BONITA DRIVE</b> <b>MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FIDALGO, NIDIA</b> <b>6855 ABBOTT AVENUE</b> <b>MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>X ADDITION</b> <b>SPATZ, JEANNE</b> <b>9423 SOUTH HOLLYBROOK LAKE DR.</b> <b>PEMBROKE PINES, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>X CHANGE</b> <b>FIDALGO, NIDIA</b> <b>7441 WAYNE AVENUE, # 5-R</b> <b>MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300006314033-1</b> <b>-07/10/02-01059-003</b> <b>*****61.25 *****61.25</b> <b>DO NOT WRITE</b> <b>IN THIS SPACE</b> <i>JS 7/8</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *Jeanne Spatz* (president) **6/13/02** (305) 867-9333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #