

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09922

1. Entity Name

HOME HEALTH CARE INTERNATIONAL, INC.

FILED

Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90056 028 \*\*\*150.00

Principal Place of Business

Mailing Address

266 WILSHIRE BLVD  
115  
CASSELBERRY FL 32707

P.O. BOX 180386  
CASSELBERRY FL 32718-0386

2. Principal Place of Business

3. Mailing Address

312 Wilshire Blvd

312 Wilshire Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Casselberry, FL

Casselberry, FL

Zip

Country

Zip

Country

32707

US

32707

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOHNERT, JESUS  
3499 BUFFAM PLACE  
CASSELBERRY FL 32707

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.

SIGNATURE

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.  
(See criteria on back) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME DUCORPE, DON  
STREET ADDRESS 1972 WATER LANE  
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE VP  
NAME Ron Aucarge  
STREET ADDRESS 1942 Kindling Ct  
CITY-ST-ZIP Casselberry, FL 32707 ☒ Change ☐ Addition

TITLE D  
NAME DOHNERT, JESUS  
STREET ADDRESS 3499 BUFFAM PL  
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)