

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90938 041 ***150.00

DOCUMENT # V17417

1. Entity Name

A. & A. QUALITY HOME CARE, INC.



Principal Place of Business

**633 NE 167TH STREET
STE 318
NORTH MIAMI BEACH FL 33162
US**

Mailing Address

**633 NE 167TH STREET
STE 318
NORTH MIAMI BEACH FL 33162
US**

2. Principal Place of Business

3. Mailing Address

**1880 NE 163 ST
Suite, Apt. #, etc.
200**

**1880 NE 163 ST
Suite, Apt. #, etc.
200**

City & State

N. Miami Beach - F/A

City & State

N. Miami Beach F/A

Zip
33162

County

Dade

Zip
33162

County

Dade

4. FEI Number

65-0318738

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

ALLEN, JERRY

633 NE 167 ST

SUITE 318

N MIAMI BEACH FL 33162

Name

JERRY ALLEN

Street Address (P.O. Box Number is Not Acceptable)

1398 NE 191 ST

N. Miami Beach

City

FL

Zip Code

33179

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

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ALLEN, JOYCE
633 NE 167 ST 318
N MIAMI BEACH FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ALLEN, JERRY
633 NE 167 ST 318
N MIAMI BCH FL**

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

1/15/03 305 956 5112

Date

Daytime Phone #

CR2E034 (10/02)