

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90203 019 ***150.00

DOCUMENT # V45764

1. Entity Name

L & L HOME HEALTH CARE, INC.

Principal Place of Business

Mailing Address

8600 NW RIVER DR.
 206
 MEDLEY FL 33166

PO BOX 5114
 HIALEAH FL 33014-1114

2. Principal Place of Business

8600 NW South River DR.

3. Mailing Address

Suite, Apt. #, etc.

208

City & State
 Medley FL

City & State

Zip
 33166

Country
 MIAMI DADE

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0347183**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDIVIA, MIRTHA M
 1198 W. 23RD ST.
 HIALEAH FL 33012

Name **VALDIVIA, MIRTHA M**
 Street Address (P.O. Box Number is Not Acceptable)
8600 NW SOUTH RIVER DR ste 208
 City **Medley** FL Zip Code **33166**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	VALDIVIA, MIRTA M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1198 W. 23RD ST.	STREET ADDRESS	8600 NW SOUTH RIVER DR ste 208
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	Medley FL 33166
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
SD	VALDIVIA, OSCAR	STREET ADDRESS	8600 NW SOUTH RIVER DR ste 208
STREET ADDRESS	1198 W. 23RD ST.	CITY-ST-ZIP	Medley FL 33166
CITY-ST-ZIP	HIALEAH FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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:

Waldita **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)