

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V54438**

1. Entity Name

GOLDEN GLADES HOME CARE INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90037 049 ***150.00

Principal Place of Business

Mailing Address

SW 122 AVE.
FL 33184

931 SW 122 AVE.
MIAMI FL 33184-2406

600202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

931 SW 122 Ave
Suite, Apt. #, etc.

931 SW 122 Ave.
Suite, Apt. #, etc.

City & State

City & State

Miami Florida
Zip 33184 Country Dade

Miami Florida
Zip 33184 Country Dade

4. FEI Number

65-0349132

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

Name

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

City

FL

Zip Code

LAMA, CLAUDIA
931 S.W. 122 AVE.
MIAMI FL 33184

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

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **LAMA, CLAUDIA P**
CITY-ST-ZIP **931 S.W. 122 AVE**
MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLAUDIA LAMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/00 (305) 854-0209
Date Daytime Phone #

CR2E034 (9/99)