

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90147 018 \*\*\*158.75

**DOCUMENT # V70484**

1. Entity Name

**NEW AGE HOME HEALTH INC.**

Principal Place of Business

**8974 TAFT ST  
 PEMBROKE PINES FL 33024  
 US**

Mailing Address

**2400 WEST 3RD COURT  
 BAY 1  
 HIALEAH FL 33010  
 US**

2. Principal Place of Business

**2400 West 3rd Ct.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hialeah FL**

City & State

Zip

**33010**

**US**

Country

4. FEI Number

**65-0364609**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**QUINTANA, ROSA M.**

**8974 TAFT ST**

**PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE **DV** ☐ Delete  
 NAME **QUINTANA, ROSA M.**  
 STREET ADDRESS **8974 TAFT ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **VP** ☐ Delete  
 NAME **QUEVEDO, MAYRA**  
 STREET ADDRESS **8974 TAFT ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
 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 Block 12 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

Date

Daytime Phone #

**305 863 9959**

CR2E034 (5/01)

Attachment

Doc. # V 70484  
B0005533

NEW AGE HOME HEALTH  
2400 W. 3RD CT.  
BAY 1  
HIALEAH, FL 33010

August 31, 2001

RE: RENEWAL

TO WHOM IT MAY CONCERN:

AS PER OUR PHONE CONVERSATION, ATTACHED YOU WILL FIND COPY OF  
CHECK WHICH NEVER CLEARED IN APRIL.

SHOULD YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CONTACT  
ME.

SINCERELY,

  
ROSA M. QUINTANA

Attachment Va. # V70484 BOX0533



NEW AGE HOME HEALTH  
PAYROLL ACCOUNT  
8974 TAFT STREET  
PEMBROKE PINES, FL 33024

OCEAN BANK  
MIAMI, FL 33128  
63-1139/660

1379

4/27/01

PAY TO THE  
ORDER OF

DEPARTMENT OF STATE

\$ \*\*158.75

One Hundred Fifty-Eight and 75/100\*\*\*\*\*

DEPARTMENT OF STATE

DOLLARS  
Security features  
included.  
Details on back.

MP

MEMO

⑈001379⑈ ⑈066011392⑈ 030328893505⑈

NEW AGE HOME HEALTH / PAYROLL ACCOUNT

DEPARTMENT OF STATE

4/27/01

1379

158.75