

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000074092

Entity Name: MARIBEL CARE PROVIDERS, INC

Current Principal Place of Business:

SKY OFFICE SUITES 12550 BISCAYNE BLVD.
SUITE 800 PMB 115
MIAMI, FL 33181

Current Mailing Address:

685 NE 93RD ST.
MIAMI SHORES, FL 33138

FEI Number: 84-3252109

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VALMOCINA, MARIBEL S
685 NE 93RD ST.
MIAMI SHORES, FL 33138 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VALMOCINA, MARIBEL S
Address 685 NE 93RD ST.
City-State-Zip: MIAMI SHORES FL 33138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIBEL VALMOCINA

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date