

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90129 039 ***150.00

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DOCUMENT # P98000069661

1. Entity Name
E.A.B. HOME CARE, INC.

LA

Principal Place of Business
14344 S.W. 97 TERR.
MIAMI FL 33186

Mailing Address
14344 S.W. 97 TERR.
MIAMI FL 33186

CU072912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0856422

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

BLANCO, ELSA A
14344 S.W. 97 TERR.
MIAMI FL 33186

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLANCO, ELSA A 14344 S.W. 97 TERR. MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Elisa A. Blanco* **7/6/01 786-6835812**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment
#P98000069661

CO078912

E.A.B. HOME CARE, INC.
14344 S.W. 97 TERRACE
MIAMI, FL 33186

JULY 6, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND A CHECK FOR \$150.00 AND THE SIGNED SECOND
NOTICE I RECEIVED TO RENEW THE CORPORATION FOR 2001.

THE REASON FOR THIS LETTER IS TO INFORM YOU THAT ON MAY 1, 2001
I MAILED THE FIRST NOTICE TO RENEW THE CORPORATION WITH CHECK #477
IN THE AMOUNT OF \$150.00.

WHEN I RECEIVED YOUR SECOND NOTICE I SEARCHED IN MY BANK
STATEMENTS FOR THIS CHECK TO SEND YOU PROOF OF PAYMENT, BUT TO
MY SURPRISE THAT CHECK HAD NOT CLEARED AS OF MY LAST BANK
STATEMENT, I CALLED THE BANK, FIGURING THAT IT HAD CLEARED
RECENTLY, I WAS TOLD IT HAD NOT CLEARED YET.

I CAN ONLY ASSUME IT IS LOST OR MISPLACED EITHER BY THE POST OFFICE
OR IN THE DEPARTMENT OF STATE. I AM RESPECTFULLY REQUESTING TO
ALLOW ME TO RENEW WITH THIS NEW CHECK I AM ENCLOSED FOR \$150.00.
I AM HOPING THE ORIGINAL CHECK, REPORT AND ENVELOPE WILL SHOW UP
EVENTUALLY AND I WILL BE ABLE TO PROOF THAT THIS IS NOT A CASE
WHERE I FORGOT TO MAKE THE PAYMENT ON TIME, BUT RATHER OF LOST OR
MISPLACED MAIL. THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY


ELSA E. BLANCO, PRESIDENT