

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90171 020 \*\*\*\*61.25

**DOCUMENT # N00000007209**

1. Entity Name

**COMPASSIONATE HEARTS - SERVING HANDS, INC.**

Principal Place of Business

2300 NW 22 ST.  
 FT. LAUDERDALE FL 33311

Mailing Address

2300 NW 22 ST.  
 FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1052213**

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

~~RYMER, APRIL~~  
 3270 NW 88TH AVE.  
 SUNRISE FL 33351

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

*[Signature]* *April Rymer* *4-7-02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCORMICK, QUEEN	
STREET ADDRESS	2300 NW 22 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TIA, EARNESTINE	
STREET ADDRESS	2300 NW 22 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MCCORMICK, ESTHER	
STREET ADDRESS	2300 NW 22 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEREDITH, FRANCES	
STREET ADDRESS	2300 NW 22 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAINES, ANGELA	
STREET ADDRESS	2300 NW 22 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYMER, APRIL	
STREET ADDRESS	2300 NW 22 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aggie Dominguez	
STREET ADDRESS	2300 NW 22 ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, TRACEY	
STREET ADDRESS	2300 NW 22 ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

*4-7-02*

CR2E037 (9/01)

940281



DO NOT WRITE IN THIS SPACE