

UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90050 013 ****61.25

DOCUMENT # N00000004327

1. Entity Name

LOUING CARE TRANSPORTATION AND
 HOUSING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17121 NE 9TH AVENUE

3. Mailing Address

P.O. BOX 23908

State, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL.

City & State

FORT LAUDERDALE FL.

4. FEI Number

65-1020336

Applied For

Not Applicable

Zip

Country

Zip

Country

33142

USA

33307

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LONNISE BALDWIN

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

17121 NE 9TH AVENUE

City

NORTH MIAMI BEACH

FL

Zip Code

33142

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/12/01

DATE

FEE IS \$61.25
 Initial or Amended UBR

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

TITLE	P.D.
NAME	LONNISE BALDWIN
STREET ADDRESS	17121 NE 9TH AVENUE
CITY - ST - ZIP	NORTH MIAMI BEACH, FL. 33142
TITLE	D.
NAME	TAMMY MYERS
STREET ADDRESS	17121 NE 9TH AVENUE
CITY - ST - ZIP	NORTH MIAMI BEACH, FL. 33142
TITLE	D.
NAME	CLARENCE ALLEN
STREET ADDRESS	17121 NE 9TH AVENUE
CITY - ST - ZIP	NORTH MIAMI BEACH, FL. 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

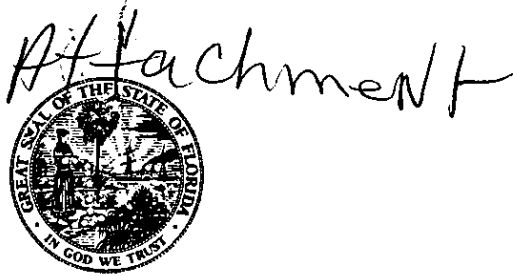
08/12/02

DATE

(605) 944-5724

Daytime Phone #

CR2E037B (12/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 14, 2002

LOVING CARE TRANSPORTATION AND HOUSING, INC.
P.O. BOX 23908
FORT LAUDERDALE, FL 33307

SUBJECT: LOVING CARE TRANSPORTATION AND HOUSING, INC.
Ref. Number: N00000004327

677387

We have received your document for LOVING CARE TRANSPORTATION AND HOUSING, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 802A00048249