2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91783 010 ****70.00

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DOCUMENT # N00000004976

1. Entity Name
TIM LESTER CARES, INC.

Principal Place of Business	Mailing Address
15428 SW 141ST STREET MIAMI FL 33196	15428 SW 141ST STREET MIAMI FL 33196

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16341 NW 77 Place Suite, Apt. #, etc.	16341 NW 77 Place Suite, Apt. #, etc.
City & State: Miami Lakes Fl Zip: 33016 Country:	City & State: Miami Lakes Fl Zip: 33016 Country:

4. FEI Number 65-1027546 ☐ 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
LESTER, TIM 15428 SW 141ST STREET MIAMI FL 33196	Name: Tim Lester Street Address (P.O. Box Number is Not Acceptable): 16341 NW 77 Place City: Miami Lakes Fla FL Zip Code: 33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD LESTER, TIM 15428 SW 141ST STREET MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LESTER, NATALIE 15428 SW 141ST STREET MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAKENS, DENISE 19456 SW 103RD STREET MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC SMITH, BYRON 15303 SW 10TH COURT MIAMI FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MC Emmanuel Poux 14311 Hampton Place Davie Fl 33325	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CHARLES, MITCHELL 16562 SW 101 PLACE MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 4.28.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #