

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000006555**

1. Entity Name

LEE'S FOSTER HOME, INC.

Principal Place of Business

9020 NW 12TH COURT
MIAMI FL 33147

Mailing Address

9020 NW 12TH COURT
MIAMI FL 33147

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 **65-1044146**

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

DENITA LEE, MARVA
9020 NW 12TH COURT
MIAMI FL 33147

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** **PRESIDENT** ☐ Change ☒ Addition
NAME **MARVA LEE**
STREET ADDRESS **9020 NW 12TH COURT**
CITY-ST-ZIP **MIAMI, FLORIDA 33147**TITLE **D** **SADIE MITCHELL, S** ☐ Change ☒ Addition
NAME **3071 NW 188th Street**
STREET ADDRESS **MIAMI, FL 33056**
CITY-ST-ZIPTITLE **D** **TIMOTHY SMITH, TREASURER** ☐ Change ☒ Addition
NAME **778 NW 45TH Street**
STREET ADDRESS **MIAMI, FL 33125**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **SADIE MITCHELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**August 5, 2001**
Date**3051**
6635102
Daytime Phone #FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**01 OCT 11 AM 11:48**
B0064960

DO NOT WRITE IN THIS SPACE

CH2037 (5/01)



HARVEY, BRANKER & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

October 8, 2001

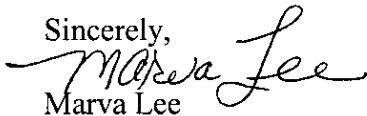
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Representative:

~~I am writing this letter in response to your letter dated September 17, 2001. My taxpayer~~
reference number is N00000006555. I have been included the additional board of directors that
you requested. Please see the revised form included in this envelope.

I am steadfastly looking forward to resolving this issue as soon as possible. I have continued to
work with the services of our Certified Public Accountant for my tax matters going forward. If
you have any questions or concerns, please direct them to my Certified Public Accountant (Rod
Harvey) at (954) 966-4435.

Sincerely,


Marva Lee