

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004271

1. Entity Name

TRUCKERS LOVE CHILDREN AND HOMELESS, INC.

Principal Place of Business

4516 N.W. 114TH AVENUE #2010  
MIAMI FL 33178-4802

Mailing Address

4516 N.W. 114TH AVENUE #2010  
MIAMI FL 33178-4802

2. Principal Place of Business

4640 N.W. 102 Ave  
Suite, Apt. #, etc.  
203

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

4. FEI Number

65-1106720

☒ Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLUNIS, CLAUDIA K  
4516 N.W. 114TH AVENUE #2010  
MIAMI FL 33178-4802

7. Name and Address of New Registered Agent

Name: Claudia K. Clunis  
Street Address (P.O. Box Number is Not Acceptable): 4640 N.W. 102 Ave #203  
City: Miami FL Zip Code: 33178

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

200008380682-6  
-10/15/02-01067-011  
\*\*\*\*\*8.75 \*\*\*\*\*8.75  
Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- CLUNIS, CLAUDIA K MS. 4516 N.W. 114TH AVENUE #2010 MIAMI FL 33178-4802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLUNIS, DAVE MR. 4516 N.W. 114TH AVENUE #2010 MIAMI FL 33178-4802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLUNIS, MARK MR. 4516 N.W. 114TH AVENUE #2010 MIAMI FL 33178-4802	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/D. CLUNIS, CLAUDIA K 4640 N.W. 102 Ave #203 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/D. Latoya Clunis 4640 N.W. 102 Ave #203 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/T. CLUNIS, DAVE 4640 N.W. 102 Ave #203 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/D. CLAUDIA F. CLUNIS 19921 N.W. 32ND AVE OPA LOCKA FL 33056	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information required.

SIGNATURE:

President 10-10-02 786-331-7319

FILED

02 OCT 25 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

282

October 10, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Truckers Love Children And Homeless, Inc.  
4640 N.W. 102 Ave # 203  
Miami, FL 33178

To whom it may concern:

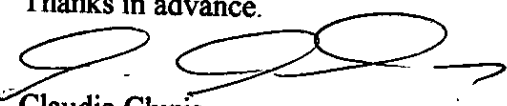
I am writing this letter in regards to receiving my Uniform Business Report from a next-door neighbor, just because I happen to mention my Non Profit and was told that they received something but didn't know that it was for my apt. And yesterday I was to receive a package from California, and while walking past downstairs on my way to take my daughter to work, looked down and saw a piece of paper sticking out and it looked like it had my last name on it, and what do you know enclosed you will see the slip that was under someone else's apt that belonged to me again. I contacted the post office and spoke with Mr. Henequen the General Manager for the Doral area Post Office in regards to this matter and several other problems I have had with my mail. He has reassured me that this problem will be investigated since I had quite a few letters delivered to me late and this is a big problem for me.

I also spoke with your office and they said that I need to write a letter to the fact and request that the fee be waived for reinstatement since it was not my fault that these document were received so late. Oct 8, 2002

Please see the enclosed copy of the other documents that I spoke about that was put under my neighbors floor mat out front, and just by accident I just found it.

Also I am enclosing the fee for the Certificate of Status.

Thanks in advance.

  
Claudia Clunis  
President