

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90071 046 \*\*\*\*61.25

**DOCUMENT # NO1000007994**

1. Entity Name

**CARIBBEAN FRIENDS CARES, INC.**

Principal Place of Business

2769 NW 36TH AVE.  
 LAUDERDALE LAKES FL 33311

Mailing Address

2769 NW 36TH AVE.  
 LAUDERDALE LAKES FL 33311

**39636**

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

**43-1950458**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROGERS, HAZELLE**  
**2769 NW 36TH AVE.**  
**LAUDERDALE LAKES FL 33311**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 *H. Rogers, President*

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

(NOTE: Registered Agent signature required when reinstating)

*7/3/02*  
 DATE

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

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

TITLE **P** ☐ Delete  
 NAME **ROGERS, HAZELLE**  
 STREET ADDRESS **2769 NW 36TH AVE.**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE **T** ☐ Delete  
 NAME **CLARKE, LENORE**  
 STREET ADDRESS **4251 NW 24TH ST.**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☐ Delete  
 NAME **MARLENE Omphroy**  
 STREET ADDRESS **3670 N.W. 27 Street**  
 CITY-ST-ZIP **Lauderdale Lakes FL. 33311**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D, P** ☒ Change ☐ Addition  
 NAME **ROGERS, HAZELLE**  
 STREET ADDRESS **2769 NW 36 Ave**  
 CITY-ST-ZIP **Lauderdale Lakes, FL. 33311**

TITLE **D, T.** ☒ Change ☐ Addition  
 NAME **CLARKE, LENORE**  
 STREET ADDRESS **4251 NW 24 Street**  
 CITY-ST-ZIP **Lauderhill, FL. 33313**

TITLE **D** ☐ Change ☒ Addition  
 NAME **EULALEE BAX**  
 STREET ADDRESS **3670 NW 27 Street**  
 CITY-ST-ZIP **Lauderdale Lakes FL. 33311**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **MARLENE Omphroy**  
 STREET ADDRESS **3670 N W 27 Street**  
 CITY-ST-ZIP **Lauderdale Lakes, FL. 33311**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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:

*S. H. Rogers* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/3/02 (954) 485-6356*  
 Date Daytime Phone #

CR2E037 (4/02)

*Caribbean Friends Care, Inc.*

Attachment  
Document #  
NO1000007994

39636

July 3, 2002

Department of State  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

This is to inform you that I didn't receive the letter that was sent to me on or about the 6 of June requesting change to the form that was submitted in April of 2002.

I spoke to Madeline on the phone and I was told to fill out this form and send it in with this letter of explanation thanks.

Sincerely,



Hazelle Rogers  
Registered Agent  
Caribbean Friends Care, Inc.