

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008294

FILED
May 02, 2003
Secretary of State

Entity Name: LOVING HANDS INTERNATIONAL, INC.

Current Principal Place of Business:

1610 N.W. 179 TERR
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

1610 N.W. 179 TERR
MIAMI, FL 33169 US

New Mailing Address:

P.O. BOX 698246
MIAMI, FL 33169 US

FEI Number: 75-3087369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, KETSIA M
1121 S. PARK ROAD
#107
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE () Change (X) Addition
Name: LOUIS-CHARLES, ESTHER
Address: 1161 NW 191STREET
City-St-Zip: MIAMI, FL 33169 US

Title: OFFI () Change (X) Addition
Name: NELSON, KETSIA M
Address: 1121 SOUTH PARK ROAD #107
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: OFFI () Change (X) Addition
Name: AZOR, STEPHANIA
Address: 17900 NW SUNSHINE PKWY
City-St-Zip: MIAMI, FL 33169 US

Title: DIRE () Change (X) Addition
Name: PAPILLON, VENCHES J
Address: 1610 NW 179 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: DIRE () Change (X) Addition
Name: ROWE, CARLA
Address: 9922 NW 65TH COURT
City-St-Zip: TAMARAC, FL 33321 US

Title: OFFI () Change (X) Addition
Name: CYRIL, SANDRA
Address: 20057 NW 85TH AVENUE
City-St-Zip: MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VENCHES J PAPILLON

DIRE

05/02/2003

Electronic Signature of Signing Officer or Director

Date