

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N03158

FILED
Feb 20, 2002 8:00 AM
Secretary of State

Entity Name: HIS CARING PLACE, INC.

Current Principal Place of Business:

4700 N.W. 74TH PL.
POMPANO BEACH, FL 330733551

New Principal Place of Business:

Current Mailing Address:

4700 N.W. 74TH PL.
POMPANO BEACH, FL 330733551

New Mailing Address:

FEI Number: 59-2421621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431 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: D () Delete
Name: LANATA, JOHN-NANCY
Address: 1841 NE 66 CT
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: DP () Delete
Name: HILLEGAS, R. & E.
Address: 1272 N.W. 15TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: LARSON, D. & C.
Address: 1040 BAYVIEW DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DT () Delete
Name: LINEMAN, LYNN DEBBY
Address: 8207 SW 12 PLACE
City-St-Zip: N LAUDERDALE, FL 33068

Title: DVP () Delete
Name: WEST, ANNE
Address: 660 SE 12 ST
City-St-Zip: POMPANO BEACH, FL 33060

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANATA, JOHN-NANCY
Address: 1841 NE 66 CT
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: DS (X) Change () Addition
Name: LUDWIG, BILL-DIANE
Address: 217 NE 8TH TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DT (X) Change () Addition
Name: GIONTI, JOEY-LORI
Address: 1318 SW 74TH AVENUE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DD (X) Change () Addition
Name: LARSON, DON-CAROL
Address: 1040 BAYVIEW DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NO/NAME, N/A
Address: NOADDRESS
City-St-Zip: NOCITY, NO NOZIP

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: LORI GIONTI

T

02/20/2002

Electronic Signature of Signing Officer or Director

Date