

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006293

1. Entity Name

WE DO CARE ABOUT RWANDANS, INC.

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90002 013 *****70.00

Principal Place of Business

2251 NE 201 STREET
NORTH MIAMI BEACH FL 33180

Mailing Address

2251 NE 201 STREET
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

10711 HAWKS VISTA STREET

Suite, Apt. #, etc.

3. Mailing Address

10711 HAWKS VISTA ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, Florida

City & State

Plantation, Florida

4. FEI Number

65-0986913

Applied For

Not Applicable

Zip

33324

Country

Zip

33324

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOOK, RONALD L
2999 NE 191 STREET PH6
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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 \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	BOOK, LAUREN	
STREET ADDRESS	2999 NE 191ST PH6	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOOK, RON	
STREET ADDRESS	2999 NE 191ST PH6	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOOK, PAT	
STREET ADDRESS	2999 NE 191ST	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

7/7/01 305-935-1866

CR2E037 (5/01)