

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006293

1. Entity Name

WE DO CARE ABOUT RWANDANS, INC.

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

01-25-2002 90021 039 \*\*\*150.00

Principal Place of Business

10711 HAWKS VISTA ST  
PLANTATION FL 33324

Mailing Address

10711 HAWKS VISTA ST  
PLANTATION FL 33324

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 **65-0986913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

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 ☐ Delete  
NAME PD  
STREET ADDRESS BOOK, LAUREN  
CITY-ST-ZIP 2999 NE 191ST PH6  
AVENTURA FL 33180

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS BOOK, RON  
CITY-ST-ZIP 2999 NE 191ST PH6  
AVENTURA FL 33180

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS BOOK, PAT  
CITY-ST-ZIP 2999 NE 191ST  
AVENTURA FL 33180

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

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald Book

1/25/02 305 935 1166

CR2E037 (9/01)