

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-14-2001 90229 011 ***150.00

DOCUMENT # P00000017788

1. Entity Name

FAMILY CARE TRANSPORTATION INC.

Principal Place of Business

Mailing Address

1320 N.W. 43 TERR. STE. 104
 LAUDERHILL, FL 33313

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 LAUDERHILL, FL 33313

2. Principal Place of Business

1320 NW 43 Terr
 Suite, Apt. #, etc.
 104

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Lauderhill FL

City & State

FL

Zip
 33313

Country

Zip

Country

4. FEI Number

65-1022498

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LEBERT R
 1320 N.W. 43 TERR. STE. 104
 LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent

Name
 Same

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 LEBERT R. SMITH
 1320 NW 43 Terr. - Lauderhill FL 33313

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30th 2001

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
Family Case Transportation

1320 NW 43 Ter

Suite 104

Leuderhill, FL 33313

Date June 14, 2001

Subject 2001 Uniform Business Report

Ref. # P00000017788

Please be advised that I don't understand why this enclosed form was return to me for correction. I'm the only official
LEBERT R. Smith of the above address.

Thanking You.

Sincerely Truly

Lebert Smith