

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060289

1. Entity Name

FAITH WOMEN HEALTH CARE INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90051 040 \*\*\*150.00

Principal Place of Business

Mailing Address

105 NE 3RD ST.  
HALLANDALE FL 33009

105 NE 3RD ST.  
HALLANDALE FL 33009

655261



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1025 S. FEDERAL  
SUITE, APT. #, ETC.  
HIGHWAY

13385 SW 41ST  
SUITE, APT. #, ETC.  
D

City & State

City & State

HOLLY WOOD, FL

DAVIE FL

4. FEI Number

Applied For

65-1021160

Not Applicable

Zip

Country

Zip

Country

33020

USA

33330

USA

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

AUGUSTIN, NICOLE  
13385 SW 41 ST.  
DAVIE FL 33330

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

*Nicole Augustin* NICOLE AUGUSTIN

5/1-101  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS AUGUSTIN, NICOLE  
CITY-ST-ZIP 13385 SW 41 ST.  
DAVIE FL 33330

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

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:

*Nicole Augustin* NICOLE AUGUSTIN 5/1/01 (954) 454-0866  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)