

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103544

1. Entity Name
MY LOVING NANNY, INC.

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

04-13-2001 90056 029 ***158.75

Principal Place of Business Mailing Address
1500 PRESIDENTIAL WAY, SUITE 303 1500 PRESIDENTIAL WAY, SUITE 303
W. PALM BCH FL 33401 W. PALM BCH FL 33401

D0036172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5136 Pine Abbey Dr. South 5136 Pine Abbey Dr. South
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
WPR, FL 8 65-1059939 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33415 USA 33415 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
MENDEZ, CLAUDIA I
1500 PRESIDENTIAL WAY, SUITE 303
W. PALM BCH FL 33401
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 C. Mendez 03/26/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENDEZ, CLAUDIA I		NAME		
STREET ADDRESS	1500 PRESIDENTIAL WAY, SUITE 303		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: C. Mendez Claude I. Mendez 03/26/01 (561) 373-8609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)