

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
 04-16-2001 90064 048 \*\*\*163.75

0005258

**DOCUMENT # P00000110721**

1. Entity Name

**LOVING HEARTS, INC.**

Principal Place of Business

Mailing Address

1151 NE 139TH ST  
 MIAMI FL 33161

1151 NE 139TH ST  
 MIAMI FL 33161

00057606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1151 NE 139 ST

3. Mailing Address

1151 NE 139 ST

Suite, Apt. #, etc.

NO. MIAMI FL.

Suite, Apt. #, etc.

NO. MIAMI FL.

City & State

City & State

4. FEI Number

65-0920391

Applied For

Not Applicable

Zip

33161

Country

U.S.A.

Zip

33161

Country

U.S.A.

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

CATBAGAN-ALCAIDE, ALICIA

1151 NE 139TH ST

MIAMI FL 33161

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 reinstalling)

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 D ☐ Delete  
 NAME CATBAGAN-ALCAIDE, ALICIA  
 STREET ADDRESS 1151 NE 139TH ST  
 CITY-ST-ZIP MIAMI FL 33161

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

TITLE D ☐ Delete  
 NAME ALCAIDE, ALFREDO  
 STREET ADDRESS 1151 NE 139TH ST  
 CITY-ST-ZIP MIAMI FL 33161

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

TITLE D ☐ Delete  
 NAME CATBAGAN, ANGELIO  
 STREET ADDRESS 1151 NE 139TH ST  
 CITY-ST-ZIP MIAMI FL 33161

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: ALICIA C. ALCAIDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/01 305 775-2478

Date

Daytime Phone #

CR2E034 (10/00)