

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90442 045 \*\*\*150.00

**DOCUMENT # P01000023208**

1. Entity Name

**NURSEPOWER HOME HEALTH AGENCY, INC.**

Principal Place of Business

**330 NORTH BISCAYNE RIVER DRIVE  
 MIAMI FL 33169**

Mailing Address

**330 NORTH BISCAYNE RIVER DRIVE  
 MIAMI FL 33169**

2. Principal Place of Business

**111 NW 183RD STREET**

Suite, Apt. #, etc.

**SUITE 410**

City & State

**MIAMI FLORIDA**

Zip

**33169**

Country

**U.S.A.**

3. Mailing Address

**111 NW 183RD STREET**

Suite, Apt. #, etc.

**MIAMI SUITE 410**

City & State

**MIAMI FLORIDA**

Zip

**33169**

Country

**U.S.A.**

4. FEI Number

**65-1094590**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UGOKWE, ELIZABETH**

**330 NORTH BISCAYNE RIVER DRIVE  
 MIAMI FL 33169**

Name

**N/A**

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]* 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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>UGOKWE, MALUCHI</b>	
STREET ADDRESS	<b>330 NORTH BISCAYNE RIVER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MALUCHI I UGOKWE**

**04/18/02** **705 652 0215**  
 Date Daytime Phone #

CR2E034 (9/01)