

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91012 028 ***150.00

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DOCUMENT # P01000039175

1. Entity Name

FORTUNE HEALTH CARE ENTERPRISES, INC.



Principal Place of Business

**1501 15TH WAY
WEST PALM BEACH FL 33407**

Mailing Address

**1501 15TH WAY
WEST PALM BEACH FL 33407**

2. Principal Place of Business

4982 Victoria

3. Mailing Address

4982 Victoria

Suite, Apt. #, etc.

West Palm Beach

Suite, Apt. #, etc.

West Palm Beach

City & State

33409

City & State

33409

Zip

33409 USA

Zip

USA

Country

USA

4. FEI Number

30-0089784

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FORTUNE, ERNANDE

1501 15TH WAY

WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**OD
FORTUNE, ERNANDE
1501 15TH WAY
WEST PALM BEACH FL 33407**

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

(561) 635-9898

Daytime Phone #

CR2E034 (10/02)