

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91700 037 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000041453

1. Entity Name
ACCESSIBLE NURSE REGISTRY, INC.

Principal Place of Business
210 N. UNIVERSITY DRIVE
SUITE 707
CORAL SPRINGS FL 33061
US

Mailing Address
210 N. UNIVERSITY DRIVE
SUITE 707
CORAL SPRINGS FL 33061
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1097960

Applied For

Not Applicable

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

SALEM, MIRELLA
210 N. UNIVERSITY DRIVE
SUITE 707
CORAL SPRINGS FL 33061

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 reinstating)

DATE

M. Salem

Mirella Salem

April 25, 02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SALEM, MIRELLA	
STREET ADDRESS	210 N. UNIVERSITY DRIVE, SUITE 707	
CITY-ST-ZIP	CORAL SPRINGS FL 33061	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAHOD, CHERYL	
STREET ADDRESS	210 N. UNIVERSITY DRIVE, SUITE 707	
CITY-ST-ZIP	CORAL SPRINGS FL 33061	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

M. Salem
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 9043475600

CR2E034 (9/01)