

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90099 001 ***300.00

DOCUMENT # 701000070509

1. Entity Name

ANGELIC HOME HEALTH CARE AGENCY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1035 NE 125TH ST

Suite, Apt. #, etc.

204

City & State

NORTH MIAMI FLORIDA

Zip

33161

Country

DADE

3. Mailing Address

1035 NE 125TH ST

Suite, Apt. #, etc.

204

City & State

NORTH MIAMI FLORIDA

Zip

33161

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1132151

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CATHERINE ST FLEUR

Street Address (P.O. Box Number is Not Acceptable)

2742 N.E. 209TH STREET

AVENTURA

City

FL

Zip Code

33180

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME CATHERINE ST FLEUR
STREET ADDRESS 2742 N.E. 209TH STREET
CITY-ST-ZIP AVENTURA FLA. 33180

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine St Fleur CATHERINE ST FLEUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 305-8996100
Date Daytime Phone #

CR2E034B (12/01)