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 # P01000070560

1. Entity Name
WE CARE TRANSPORTATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1035 N.E. 125TH STREET	1035 N.E. 125TH STREET
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: 203
City & State: NORTH MIAMI FLORIDA	City & State: NORTH MIAMI FLORIDA
Zip: 33161 Country: USA	Zip: 33161 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EMMANUEL PRESTIN
Street Address (P.O. Box Number is Not Acceptable): 2742 NE 209TH STREET
City: AVENTURA FL Zip Code: 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT EMMANUEL PRESTIN 2742 NE 209TH STREET AVENTURA FL. 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CATHERINE ST HEUR 2742 NE 209TH ST. AVENTURA FL. 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER Hunter wilbert 79 N.W. 31 STREET MIAMI FLORIDA 33129
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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 Heur / CATHERINE ST HEUR 4/16/02 (305) 899 6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #