

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072308

1. Entity Name

D & G TENDER CARE, INC.

06-20-2002 90061 028-1130.00

P01000072308

02 JUL 12 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

17711 N.W. 62 PL-N  
MIAMI LAKES FL 33015

Mailing Address

17711 N.W. 62 PL-N  
MIAMI LAKES FL 33015

870374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16719 NW 11th Ave

3. Mailing Address

16719 NW 11th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NM P FL

City & State

NM P FL

4. FEI Number

65-1123683

Applied For

Not Applicable

Zip

33169

Country

Miami-Dade

Zip

33169

Country

Miami-Dade

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESINOR JOSEPH, GLADYS M

17711 N.W. 62 PL-N

MIAMI LAKES FL 33015

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DESINOR JOSEPH, GLADYS M	
STREET ADDRESS	17711 N.W. 62 PL-N	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JOSEPH, DANIEL	
STREET ADDRESS	17711 N.W. 62 PL-N	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE: [Signature]

CR2E034 (9/01)