

DOCUMENT # P01000109036

1. Entity Name

Thyee M. Care, INC.

Principal Place of Business

Mailing Address

157 20 S.W. 98 Ct
Miami Florida, 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1132641

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

Wade, Marva
157 20 S.W. 98 Ct
Miami FL, 33157

Name

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

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida.

NOTARIES

Notary Public and/or agent must be duly qualified and duly authorized.

(NOTE: Registered Agent signature must be on this form.)

Date

1. This corporation is eligible to attach its Intangible Tax filing report and elects to do so (See Instructions below)

FILE NOW!! FEE \$100.00
After May 1, 2002 Fee will be \$350.00
Make Check Payable to Department of State

10. E-File Company Fee (If E-Filed, Fee is \$0.00)

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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SIGNATURE:

Marva Wade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVA

Wade

65-1132641

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-14-2002 90280 001 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)