

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90175 019 ***150.00

DOCUMENT # P01000087043

1. Entity Name

NURSES FOR NURSES, INC.

Principal Place of Business

**1863 SW 31 AVENUE
 PEMBROKE PARK FL 33009**

Mailing Address

**1863 SW 31 AVENUE
 PEMBROKE PARK FL 33009**

2. Principal Place of Business

1100 WEST AVENUE

Suite, Apt. #, etc.

509

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Address

1100 WEST AVENUE

Suite, Apt. #, etc.

509

City & State

Miami Beach, FL

Zip

33139

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1137216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DELGADO, DONNA M P.A.
 1031 IVES DAIRY ROAD, SUITE 228
 NORTH MIAMI BEACH FL 33179**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and effects 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

TITLE **PD** ☐ Delete
 NAME **TAYLOR, TINA**
 STREET ADDRESS **1100 WEST AVENUE #509**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SD** ☐ Delete
 NAME **SORDO, MARIA**
 STREET ADDRESS **5 AVOCADO LANE**
 CITY-ST-ZIP **HALLANDALE FL 33009-3563**

TITLE **TD** ☐ Delete
 NAME **RODRIGUEZ, CARMEN**
 STREET ADDRESS **238 SW 4 STREET**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE **VPD** ☐ Delete
 NAME **DEJESUS, LUIS**
 STREET ADDRESS **1521 ALTON ROAD, #179**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

TINA TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-02

Date

305-604-8823

Daytime Phone #

CR2E034 (9/01)