

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000091220**

1. Entity Name

**FAITH RELIABLE ELDERLY HOME CARE, INC.****FILED****02 OCT -7 PM 1:03****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**15635 NW 41ST AVENUE  
MIAMI FL 33054**

Mailing Address

**15635 NW 41ST AVENUE  
MIAMI FL 33054**

2. Principal Place of Business

**15635 NW 41st Ave**

Suite, Apt. #, etc.

**Miami FL**

City &amp; State

3. Mailing Address

**15635 NW 41st Ave**

Suite, Apt. #, etc.

City &amp; State

**Miami FL**

Zip

**33054**

Country

**Dade**

Zip

**33054**

Country

**Dade**

4. FEI Number

**65-1140324**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPBELL, DOROTHY  
15635 NW 41ST AVENUE  
MIAMI FL 33054**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dorothy Campbell**

(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) ☐**FILE NOW!!! FEE IS \$550.00****After September 13, 2002 Fee will be \$750.00  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, DOROTHY</b>	
STREET ADDRESS	<b>15635 NW 41ST AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, MORRIS</b>	
STREET ADDRESS	<b>15635 NW 41ST AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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: **Dorothy Campbell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment #

677555

PO1000091220

282

8 22 262

Dear Sir or Madam

I just hope you  
This little note to let you know this  
is my first Composition Notice  
I hope receive please look  
in to the station for me  
with I thank

your Dorothy Campbell