

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90166 008 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10085043

DOCUMENT # P02000040276
1. Entity Name
TENDER CARE HOME SERVICES, INC.

Principal Place of Business: 2104 WEST 68 STREET, MALEAH, FL 33016
Mailing Address: 2104 WEST 68 STREET, MALEAH, FL 33016

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3. Mailing Address: 2104 WEST 68 STREET, MALEAH, FL 33016

State, Apt. #, etc.: FL
City & State: MALEAH, FL
Zip: 33016

8. Certificate of Status Desired: \$8.75 Additional Fee Required

9. Election Campaign Financing: \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

| | | | |
|---|--|---|---|
| 10.1 TITLE: PD NAME: GARRIDO, JORGE A STREET ADDRESS: 2104 WEST 68 STREET CITY-STATE-ZIP: MALEAH, FL 33016 | <input checked="" type="checkbox"/> Delete | 11.1 TITLE: PD NAME: GARRIDO, JORGE A STREET ADDRESS: 2104 WEST 68 STREET CITY-STATE-ZIP: MALEAH, FL 33016 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10.2 TITLE: DS NAME: CONCEPCION, JORGE L STREET ADDRESS: 2104 WEST 68 STREET CITY-STATE-ZIP: MALEAH, FL 33016 | <input type="checkbox"/> Delete | 11.2 TITLE: DS NAME: CONCEPCION, JORGE L STREET ADDRESS: 2104 WEST 68 STREET CITY-STATE-ZIP: MALEAH, FL 33016 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10.3 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] | <input type="checkbox"/> Delete | 11.3 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10.4 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] | <input type="checkbox"/> Delete | 11.4 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10.5 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] | <input type="checkbox"/> Delete | 11.5 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not justifiably differ from the information contained in the report or supplemental report filed with the Secretary of State 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if checked on an attachment with an officer, director, or other fee employee.

SIGNATURE: [Signature]

11-19-02



FBI Number: 03-0427978

CR2003 (12/02)