

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 026 ***150.00

DOCUMENT # *P02000093800*

1. Entity Name

Care Angels, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

38 S. Federal Hwy
Suite, Apt. #, etc.
#5

3. Mailing Address

38 S. Federal Hwy
Suite, Apt. #, etc.
5

DO NOT WRITE IN THIS SPACE

City & State

Dania Beach, FL

City & State

Dania Beach, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent -

Name

Janet Davenport

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

324 SW 2ND AVE

Dania Beach, FL

City

FL

Zip Code
33004

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

J Davenport

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V.P.
Lindsay Norman
3401 Turtle Run Blvd #208
Coral Springs, FL 33067

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Kathleen Phillips
Chairman
3472 SW 59th Ct
Ft. Lauderdale, FL 33312

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Janet Davenport - P.M.
324 SW 2ND AVE (President)
Dania, FL 33004 Director

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

J Davenport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03

Date

(954) 922-8892

Daytime Phone #

CR2E034B (12/02)