FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000109993

1. Entity Name

JOOL HOME CARE, INC.

FILED

03 APR 28 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700015286897
04/03/03--01041--030 **150.00

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2. Principal Place of Business	3. Mailing Address
300 NE 164th Terrace	300 NE 164th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL.
Zip: 33162 Country: MIAMI-DADE	Zip: 33162 Country: MIAMI-DADE

4. FEI Number: 81-0575652 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: OLA OLAIGBE

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

18441 NW 2nd AVE. #220

City: MIAMI FL Zip Code: 33169

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 _____ 4/23/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	President
NAME	MARIE JEUNE
STREET ADDRESS	300 NE 164th Terrace
CITY-ST-ZIP	MIAMI FL. 33162
TITLE	VP
NAME	JEAN JEUNE
STREET ADDRESS	300 NE 164th Terrace
CITY-ST-ZIP	MIAMI FL 33162
TITLE	Secretary
NAME	MARIE JEUNE
STREET ADDRESS	300 NE 164th Terrace
CITY-ST-ZIP	MIAMI FL 33162
TITLE	Treasurer
NAME	JEAN JEUNE
STREET ADDRESS	300 NE 164th Terrace
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

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: Marie Jeune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #