

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114804

1. Entity Name  
LOVE AND CARE, INC.



FILED

03 MAY 21 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
21350 NE 8 COURT #2  
NORTH MIAMI BEACH FL 33179

Mailing Address  
21350 NE 8 COURT #2  
NORTH MIAMI BEACH FL 33179



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMSON, LOVE  
21350 NE 8 COURT #2  
NORTH MIAMI BEACH FL 33179

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

*Love Thomson*

5/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
D THOMSON, LOVE  
STREET ADDRESS  
21350 NE 8 COURT #2  
CITY-ST-ZIP  
NORTH MIAMI BEACH FL 33179

☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000020044550  
05/28/03--01065--006 \*\*150.00

☐ Change ☐ Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Love Thomson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

305 249 4840

Daytime Phone #

CR2E034 10/02