

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90096 028 ***158.75

0034614 AV

DOCUMENT # P02000121923

1. Entity Name

LOVING CARE HOME HEALTH OF SOUTH FLORIDA INC.



Principal Place of Business

**6835 BROADMOOR
NORTH LAUDERDALE FL 33068**

Mailing Address

**6835 BROADMOOR
NORTH LAUDERDALE FL 33068**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

134219654

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOPEZ, KEISHA
6835 BROADMOOR
NORTH LAUDERDALE FL 33068**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **D** ☐ Delete
NAME **LOPEZ, KEISHA**
STREET ADDRESS **6835 BROADMOOR**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **D** ☐ Delete
NAME **LYN, CHRISTOPHER**
STREET ADDRESS **6835 BROADMOOR**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

KEISHA LOPEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/4/03 (854) 444-6266

CR2E034 (4/03)

Attachment

80137223
#P02000121923

8/4/2003

Re: Document # P02000121923

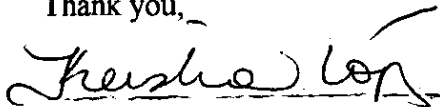
To Whom It May Concern: _____

This letter is to inform you that the application I received last month, to renew the corporation for Loving Care Home Health of South Florida Inc. was the first renewal form I received since I incorporated my business in November 2002. Please take into consideration I am a first time business owner and was not aware of the routine renewal of the corporation. Every day is still a learning experience for me.

Enclosed is the application form along with a check for \$158.75 (check #564)

Sorry for the inconvenience.

Thank you,



Keisha Lopez
Administrator