

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 20 PM 4:31

DOCUMENT # P06000011346	
1. Entity Name	
NURSE 4 YOU, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4425 N.W. 203RD STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI GARDENS, FL	City & State
Zip 33055-1548	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0592391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BARBARA FOUST
Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 202ND STREET
City MIAMI GARDENS
State FL
Zip Code 33056

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

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ULALEE LAWRENCE 4425 N.W. 203RD STREET MIAMI GARDENS, FLORIDA 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

ULALEE LAWRENCE - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2009

Date

305-303-6525

Daytime Phone #