

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

FILED ATX1
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # <u>P07000074238</u>	
1. Entity Name JCC HOME HEALTH & CHILD CARE, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 246 N.W. 93RD STREET		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33150-2236	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0226347		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	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 JOYCE A. WILLIAMS 246 N.W. 93RD STREET MIAMI, FLORIDA 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000051429 06/04/08-60031-025 150.00
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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: Joyce Williams **JOYCE WILLIAMS, PRESIDENT** **4/15/2008** **786-486-9913**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #