

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037620

1. Entity Name

NOMEL'S HOME CARE, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90424 021 ***150.00

0493075

Principal Place of Business

2700 W. ATLANTIC BLVD.
SUITE 202
POMPANO BEACH FL 33069

Mailing Address

2700 W. ATLANTIC BLVD.
SUITE 202
POMPANO BEACH FL 33069

753680

2. Principal Place of Business

3. Mailing Address

6047 Kimberly Blvd
Suite, Apt. #, etc. B

6047 Kimberly Blvd
Suite, Apt. #, etc. B



DO NOT WRITE IN THIS SPACE

City & State

NORTH Lauderdale FL

City & State

N. Lauderdale FL

4. FEI Number

65-0502600

Applied For

Not Applicable

Zip

33068

Country

BOWARD

Zip

33068

Country

BOWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINTO, IONA
6531 S.W. 7TH COURT
N. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST
NAME MINTO, IONA
STREET ADDRESS 6531 S.W. 7TH COURT
CITY-ST-ZIP N. LAUDERDALE FL 33068 ☐ Delete

TITLE VP
NAME MINTO, DENNIS
STREET ADDRESS 6531 S.W. 7TH COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Iminto IONA MINTO

4/24/01

954-979-0037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)