

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90199 032 \*\*\*150.00

DOCUMENT # P95000028480

1. Entity Name **CHRISTIAN LOVING CARE AGENCY, INC**  
**7601 N.W. 68 ST. #102**  
**MIAMI, FL. 33166**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>SAME AS ABOVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0585669</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name <b>JOSE GUTIERREZ</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7601 N.W. 68 ST #102</b>
City <b>MIAMI, FL. 33166</b>
State <b>FL</b>
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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>JOSE GUTIERREZ</b> <b>7601 N.W. 68 ST. #102</b> <b>MIAMI, FL. 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOSE GUTIERREZ</b> <b>7601 N.W. 68 ST. #102</b> <b>MIAMI, FL. 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/22/04** (305) **888-3688**