

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90023 010 ***150.00

DOCUMENT # P95000097954

1. Entity Name

LOVING CARE TRANSPORTATION, INC.

Principal Place of Business

2141 NW 7 ST
 102
 MIAMI FL 33125
 US

Mailing Address

2141 NW 7 ST
 102
 MIAMI FL 33125
 US

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

65-0651158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ASYSTA, TOMAS
~~410 SW 136 AVE~~
~~SUITE 101~~
~~MIAMI FL 33184~~

ASUSTA, TOMAS
431 Bird Road
Coral Gables, FL 33146

Correction of last name and address

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ASYSTA, TOMAS**
 CITY-ST-ZIP **410 SW 136 AVE 431 Bird Road**
MIAMI FL 33184 Coral Gables, FL 33146

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CREGO, PIERRE**
 CITY-ST-ZIP **5601 COLLINS AVE, PH-14**
MIAMI BEACH FL 33139

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/01

(305) 6422345

CR2E034 (10/00)