

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040119

1. Entity Name

T.L.C. NURSE REGISTRY INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90004 001 ***158.75

Principal Place of Business

Mailing Address

6051 MIRAMER PKWY
MIRAMAR FL 33023

6051 MIRAMER PKWY
MIRAMAR FL 33023-3937

2. Principal Place of Business

6051-53

3. Mailing Address

6051, 53

Suite, Apt. #, etc.

MIRAMER PKWY

Suite, Apt. #, etc.

MIRAMER PKWY

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33023

Country

Zip

33023

Country

U.S.A

4. FEI Number

65-0835667

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIJOY, BEENA
6053 MIRAMAR PARKWAY
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

NOT APPLICABLE

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.

N/A

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, 2000 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 RN ☐ Delete
NAME KURUVICA, DELLA
STREET ADDRESS 10305 NW 6TH ST
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Beena B. Joy / BEENA BIJOY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00 (954) 533-1839

CR2E034 (9/99)