

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90203 012 ***150.00

DOCUMENT # P97000001384

1. Entity Name

ANGEL-CARE HOME HEALTH AGENCY, INC.

Principal Place of Business

Mailing Address

4851 NW 103 AVE
 55-E
 SUNRISE FL 33351
 US

4851 NW 103 AVE
 55-E
 SUNRISE FL 33351
 US

B0080989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ANGEL-CARE

4000 N. STATE Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S. 410
Lake Lakes 33319

City & State

City & State

4. FEI Number

65-0716002

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEINER INKA
5224 NW 94TH TERRACE
SUNRISE FL 33351

INKA WEINER
4000 N. STATE Road 7
Suite 410
Laudale Lakes
Fla 33319

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, 2002 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 **PD**
 STREET ADDRESS **WEINER, INKA**
 CITY-ST-ZIP **5224 NW 94TH TERRACE**
SUNRISE FL 33351

TITLE ☐ Change ☒ Addition
 NAME **VASO**
 STREET ADDRESS **Nicole Phillips**
 CITY-ST-ZIP **5224 NW 94 TER. Sunrise 33319**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **WEINER, INKA**
 CITY-ST-ZIP **5224 NW 94TH TERRACE**
SUNRISE FL 33351

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

TITLE ☐ Delete
 NAME **VASO**
 STREET ADDRESS **JEAN PIERRE, NICKETTE**
 CITY-ST-ZIP **8932 NW 46 CT**
SUNRISE FL 33351

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

TITLE ☐ Delete
 NAME **VASO**
 STREET ADDRESS **NICOLE PHILLIPS**
 CITY-ST-ZIP **5224 NW 94 TER. SUNRISE FLA 33351**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4-15-02

Date

Daytime Phone #

CR2E034 (9/01)