

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90055 047 ***150.00

DOCUMENT # P97000056523

1. Entity Name

Care Unlimited Health Care Services, INC.

Principal Place of Business

1925 N.E. 45th ST
Suite # 235
Ft. Lauderdale, FL 33308

Mailing Address

1925 N.E. 45th STREET
235
Ft. Lauderdale,
FLORIDA. 33308

2. Principal Place of Business

1925 NE 45th STREET
Suite, Apt. #, etc.
235

3. Mailing Address

1925 N.E. 45th ST
Suite, Apt. #, etc.
235

City & State

Fort Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

6. Name and Address of Current Registered Agent

LECRESHA MORRIS
715 N.W. 42nd PLACE
Pompano Beach Florida 33064

4. FEI Number

65-0850868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name LECRESHA MORRIS

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

715 N.W. 42nd PL

City

Pompano Beach

FL

Zip Code

33064

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 PRESIDENT ☐ Delete
NAME LECRESHA MORRIS
STREET ADDRESS 715 N.W. 42nd PL
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE VICE-PRESIDENT ☐ Delete
NAME CHARMAINE RHODES
STREET ADDRESS 1925 NE 45th ST
CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE SECRETARY ☐ Delete
NAME LECRESHA KING
STREET ADDRESS 715 N.W. 42nd PL
CITY-ST-ZIP Pompano Beach, FL 33064

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
NAME
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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

LECRESHA MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

954-771-7811

Daytime Phone #

CR2E034 (11/00)