

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90317 048 ***150.00

DOCUMENT # P97000056523

1. Entity Name
CARE UNLIMITED HEALTH CARE SERVICES INC.

Principal Place of Business
1925 NE 45TH STREET #235
FORT LAUDERDALE FL 33308

Mailing Address
1925 NE 45TH STREET #235
STE B
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0850868**

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

MORRIS, LECRESHA
715 NW 42 PL
POMPANO BCH FL 33064

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MORRIS, LECRESHA**
STREET ADDRESS **715 NW 42ND PL**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **President** ☒ Change ☐ Addition
NAME **Leccresha Morris**
STREET ADDRESS **5045 Wiles Rd. #10-305.**
CITY-ST-ZIP **COCONUT CREEK, FL. 33073**

TITLE **VP** ☐ Delete
NAME **RHODES, CHARMAINE**
STREET ADDRESS **1925 NE 45TH STREET #235**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE **S** ☐ Delete
NAME **KING, LECRESHA**
STREET ADDRESS **715 NW 42ND PL**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **King** ☒ Change ☐ Addition
NAME **Leccresha**
STREET ADDRESS **5045 Wiles Rd. #10-305.**
CITY-ST-ZIP **COCONUT CREEK, FL. 33073.**

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

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:

Leccresha Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

954-771-7811

Date

Daytime Phone #

CR2E034 (9/01)