

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90145 009 \*\*\*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**

**60013694**



2. Principal Place of Business  
**1925 NE 45TH STREET**

3. Mailing Address  
**1925 NE 45TH STREET**

Suite, Apt. #, etc.  
**# 235**

Suite, Apt. #, etc.  
**# 235**

City & State  
**Fort Lauderdale FL**

City & State  
**Fort Lauderdale, FL**

Zip  
**33308**

Country  
**USA**

Zip  
**33308**

Country  
**USA**

4. FEI Number **65-0850868**

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

**MORRIS, LECRESHA  
715 NW 42 RD  
ROMPANO BCH FL 33064**

**Lecresha Morris  
5045 Wiles Rd #10-305  
Coconut Creek FL, 33073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LECRESHA, MORRIS  
5045 WILES ROAD, #10-305  
COCONUT CREEK FL 33073** ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CHARMAINE BACHAN  
3985 SW 16TH ST #105  
Pompano Beach FL 33069** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LECRESHA, KING  
5045 WILES ROAD, #10-305  
COCONUT CREEK FL 33073** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. 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 10 or Block 11 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

**2/27/03**  
Date

**954-771-7811**  
Daytime Phone #

CR2E034 (10/02)