

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90183 036 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000105937

1. Entity Name
IN CARING HANDS, INC.



90135665

Principal Place of Business Mailing Address
9401 SW 94 CT 9401 SW 94 CT
MIAMI, FL 33176 MIAMI, FL 33176

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
65-0800530 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

HAMILTON-TAYLOR, SUSAN J.
9401 SW 94 CT
MIAMI, FL 33176

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 Date

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	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	HAMILTON-TAYLOR, SUSAN J		STREET ADDRESS		
CITY-ST-ZIP	9401 SW 94 CT MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
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TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Susan Jane Hamilton-Taylor* 5/12/03 305 898-1857
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #