

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90131 020 \*\*\*150.00

**DOCUMENT # P98000056243**

1. Entity Name  
**TRINITY COMFORT CARE, INC.**

Principal Place of Business  
**7724 FAIRWAY BLVD.**  
**MIRAMAR FL 33023**

Mailing Address  
**7724 FAIRWAY BLVD**  
**MIRAMAR FL 33023**

*Official  
change of name & address  
COMFORT BOGUNJOKO*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD JACKSON-BELLO, COMFORT 7816 ALHAMBRA BOULEVARD MIRAMAR FL 33023</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *CD Bello* **4/29/02** **AKA CD Bogunjoko**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment Yr. # P38000056243

I, COMFORT BELLO N.K.A. COMFORT DUPE BOGUNJOKO, hereby certify that I am known by the following names:

COMFORT DUPE KUFORJI, COMFORT JACKSON BELLO, COMFORT JACKSON, COMFORT

D. JACKSONBELLO, COMFORT JACKSON-BELLO, COMFORT D. JACKSON-BELLO,

COMFORT J. BELLO, COMFORT BOGUNJOKO

My legal signature is as follows:

COMFORT DUPE BOGUNJOKO  
COMFORT BELLO  
N.K.A. COMFORT DUPE BOGUNJOKO 6/25/01

My Social Security Number is: 593-63-1632

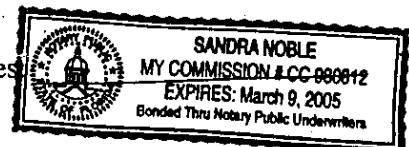
FL State ID CARD  
5251-104-49-884-0

NOTARY ACKNOWLEDGEMENT

STATE OF FLORIDA )  
 ) ss.  
County of BROWARD )

The foregoing instrument was acknowledged before me this 25TH day of APRIL, 2001 by COMFORT  
BELLO N.K.A. COMFORT DUPE BOGUNJOKO.

Sandra Noble  
Notary Public  
Please Print Name  
My commission expires



Attach Memo # 198000056243 JWC

Keep this stub with your personal records. The other side contains important information.

COMFORT DUPE BOGUNJOKO  
7724 FAIRWAY BLVD  
MIRAMAR FL 33023-6414

YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately. Keep your card in a safe place to prevent loss or theft. Do not laminate your card.

