

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000075117

FILED
Mar 04, 2002 8:00 AM
Secretary of State

Entity Name: NURSING MATTERS INC.

Current Principal Place of Business:

1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0859018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBELL, CHERI L
8017 NW 72 STREET
TAMARAC, FL 33311 US

Name and Address of New Registered Agent:

BARBELL, CHERI L
823 NE 19 AVE., #1
FORT LAUDERDALE, FL 33304 US

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:

03/04/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARBELL, CHERI L
Address: 8017 NW 72 STREET
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARBELL, CHERI L
Address: 823 NE 19 AVE., #1
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: V () Change (X) Addition
Name: LEVENE, MOSHE M
Address: 3717 ALHAMBRA ST., #3
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T () Change (X) Addition
Name: BARBELL, CHERI L
Address: 823 NE 19 AVE., #1
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Change (X) Addition
Name: BARBELL, CHERI L
Address: 823 NE 19 AVE., #1
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: C () Change (X) Addition
Name: LEVENE, MOSHE M
Address: 3717 ALHAMBRA ST., #3
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S () Change (X) Addition
Name: LEVENE, MOSHE M
Address: 3717 ALHAMBRA ST., #3
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERI BARBELL

P

03/04/2002

Electronic Signature of Signing Officer or Director

Date