

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003356

1. Entity Name

CRITICAL CARE R.N., INCORPORATED

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90091 025 ***150.00

Principal Place of Business

Mailing Address

~~3808 E. LAKE PLACE~~
~~MIRAMAR FL 33023~~

~~3808 E. LAKE PLACE~~
~~MIRAMAR FL 33023-3942~~

2. Principal Place of Business

21310 NE 12 COURT

3. Mailing Address

21310 NE 12 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MCANM, FL

City & State

MCANM, FL

Zip

Country

33179 U.S.

Zip

Country

33179 U.S.

4. FEI Number

59-3554878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELES, GLORIA C

~~3808 E. LAKE PLACE~~

~~MIRAMAR FL 33023~~

7. Name and Address of New Registered Agent

Name

ANGELES, GLORIA

Street Address (P.O. Box Number is Not Acceptable)

21310 NE 12 COURT

City

MCANM, FL

FL

Zip Code

33179

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, 2000 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / DIRECTOR
GLORIA C ANGELES
21310 NE 12 COURT
MCANM, FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
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STREET ADDRESS
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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:

Gloria C. Angeles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2000

Date

Daytime Phone #

9548956295

CR2E034 19/93