

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91114 001 ***158.75

DOCUMENT # P99000040855

1. Entity Name

HUMAN CARE MEDICAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8080 west flagler St.

Suite, Apt. #, etc.
Suite 2E

City & State
Miami, Fl.

Zip Country
33144 Dade

3. Mailing Address

8080 West Flagler St.

Suite, Apt. #, etc.
Suite 2E

City & State
Miami, Fl.

Zip Country
33144 Dade

4. FEI Number

65-0924937

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Alan Trimpin	6225 Kendale Lks. Cir. #D156	Miami, Fl. 33183

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

(305) 299-4005

Daytime Phone #