

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067512

1. Entity Name

LCA STAFFING, CORPORATION

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90137 035 \*\*\*150.00

Principal Place of Business

510 NW 86 PLACE, #206  
MIAMI FL 33126

Mailing Address

510 NW 86 PLACE, #206  
MIAMI FL 33126

2. Principal Place of Business

9511 FOUNTAINEBLEAU BLVD

Suite, Apt. #, etc.

APT #110

City & State

MIAMI FLORIDA

Zip

33172

Country

U.S.

3. Mailing Address

9511 FOUNTAINEBLEAU BLVD

Suite, Apt. #, etc.

APT #110

City & State

MIAMI FLORIDA

Zip

33172

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0938068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBURY, CHRIS M

510 NW 86 PLACE, #206  
MIAMI FL 33126

7. Name and Address of New Registered Agent

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

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, 2001 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 PO  
NAME MALBURY, CHRIS  
STREET ADDRESS 510 NW 86TH PL 206  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE ED  
NAME ALBURY, LUCY  
STREET ADDRESS 510 NW 86TH PL # 206  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO  
NAME ALBURY, CHRIS  
STREET ADDRESS 9511 FOUNTAINEBLEAU BLVD #110  
CITY-ST-ZIP MIAMI FL 33172 ☒ Change ☐ Addition

TITLE ED  
NAME ALBURY, LUCY  
STREET ADDRESS 9511 FOUNTAINEBLEAU BLVD #110  
CITY-ST-ZIP MIAMI FL 33172 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 305-485-0773

Date

Daytime Phone #

CR2E034 (10/00)

021280