

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90003 005 ***550.00

DOCUMENT # P99000108537

1. Entity Name

PREMIERE COMMUNITY HOME CARE AGENCY, INC.

Principal Place of Business

**15887 NW 4TH COURT
 PEMBROKE PINES FL 33028**

Mailing Address

**P. O. BOX 277776
 MIRAMAR FL 33027**

2. Principal Place of Business

1175 NE 125 St.

3. Mailing Address

1175 NE 125 St

Suite, Apt. #, etc.

Suite # 213

Suite, Apt. #, etc.

Suite # 213

City & State

N. Miami, FL

City & State

N. Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

05 0970128

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LOFTON, YOLENE T

15887 NW 4TH CT.

PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

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

1175 NE 125 Street

Suite 213

City

N. Miami

FL

Zip Code

33161

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)

9/1/01

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 \$550.00

After September 12, 2001 Fee will be \$750.00

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 **D** ☐ Delete
 NAME **LOFTON, YOLENE T**
 STREET ADDRESS **15887 NW 4TH CT.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**
President

TITLE **D** ☐ Delete
 NAME **LOFTON, JAMES W III**
 STREET ADDRESS **15887 NW 4TH CT.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**
V. President

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Treasurer

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 **Lofton, Yolene** ☐ Change ☐ Addition
 NAME **1175 NE 125 Street, #213**
 STREET ADDRESS **N. Miami, FL 33161**
 CITY-ST-ZIP

TITLE **Lofton, James W.** ☐ Change ☐ Addition
 NAME **1175 NE 125 St.**
 STREET ADDRESS **#213**
 CITY-ST-ZIP **N. Miami, FL 33161**

TITLE **Thelma Thomas** ☐ Change ☐ Addition
 NAME **1175 NE 125 St. #213**
 STREET ADDRESS **N. Miami, FL 33161**
 CITY-ST-ZIP

TITLE **St. Paul, Beneva** ☐ Change ☐ Addition
 NAME **1175 NE 125 St. #213**
 STREET ADDRESS **N. Miami, FL 33161**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/01

Date

(305) 892-6510

Daytime Phone #

CR2E034 (5/01)