

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06261

1. Entity Name

MÁXICARE OF BROWARD, INC.

FILED

00 APR 18 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 800 FAIRWAY DR 250 DEERFIELD BCH FL 33441 US	Mailing Address C/O CONTIPUCARE CORP. 100 SE 2ND ST 36TH FLOOR MIAMI FL 33131 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 80 S.W. 8th Street Suite, Apt. #, etc. Suite 2350 City & State Miami, FL
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Zip 33130	Country USA
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4. FEI Number 59-2540781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Delete
NAME FERNANDEZ, CHARLES M	
STREET ADDRESS 100 SE 2ND ST, 36TH FLOOR	
CITY-ST-ZIP MIAMI FL 33131	
TITLE SGC	<input checked="" type="checkbox"/> Delete
NAME TARBE, SUSAN	
STREET ADDRESS 100 SE 2ND ST, 36TH FLOOR	
CITY-ST-ZIP MIAMI FL 33131	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME ALTMAN, BRUCE	
STREET ADDRESS 100 SE 2ND ST., 36TH FLOOR	
CITY-ST-ZIP MIAMI FL 33133	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Spencer J. Angel	
STREET ADDRESS 80 S.W. 8th Street, Suite 2350	
CITY-ST-ZIP Miami, FL 33130	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Guillermo Salazar	
STREET ADDRESS 80 S.W. 8th Street, Suite 2350	
CITY-ST-ZIP Miami, FL 33130	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Maive Hormell	
STREET ADDRESS 800 Fairway Drive, Suite 250	
CITY-ST-ZIP Deerfield Beach, FL 33441	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 400003219894--3	
CITY-ST-ZIP -04/24/00--01036--014	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplement 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

Date: **4/12/00** Daytime Phone #: **305-350-7515**

Spencer Angel