

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064488

1. Entity Name

B & B WAY TO CARE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90157 005 ***159.00

Principal Place of Business

15470 SW 82ND LANE #312
 MIAMI FL 33193

Mailing Address

15470 SW 82ND LANE #312
 MIAMI FL 33193-5007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0770368

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSQUET, ANNE M
 15470 SW 82ND LANE #312
 MIAMI FL 33193

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, 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 Delete
 NAME **D BOSQUET, ANNE M**
 STREET ADDRESS **15470 SW 82ND LANE #312**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BYRON, JEAN M.**
 STREET ADDRESS **15470 SW 82ND LANE #312**
 CITY-ST-ZIP **MIAMI, FL 33193**

TITLE Change Addition
 NAME **MD MONIA BOSQUET-PEREZ**
 STREET ADDRESS **15470 SW 82 LANE # 312**
 CITY-ST-ZIP **MIAMI, FL 33193**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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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:

Anne Marie Bosquet
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE MARIE BOSQUET
 DATE

305-388-0434
305-326-6170
 Daytime Phone #

CR2E034 (9/99)