

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003288

Entity Name  
MERCEDES QUALITY CARE INC.

Principal Place of Business

40 N.W. 19TH COURT  
LAUDERHILL FL 33313

Mailing Address

5940 N.W. 19TH COURT  
LAUDERHILL FL 33313-4042

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0632065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, CAROL M  
5940 N.W. 19TH COURT  
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

LE WE REET ADDRESS Y-ST-ZIP	PTD MCDONALD, CAROL M 942 S.W. 68TH AVE. NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete
LE WE REET ADDRESS Y-ST-ZIP	SVD MCDONALD, CARL 942 S.W. 68TH AVE. NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete
LE WE REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE WE REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE WE REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE WE REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/20/2000 (954) 714-9092  
Date Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90059 034 \*\*\*150.00

0 2 0 4 1 1



DO NOT WRITE IN THIS SPACE