

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19339

1. Entity Name

WE CARE OF CAMELOT, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90119 012 ****61.25

Principal Place of Business

Mailing Address

6610 MOONLIT DRIVE
 GROUND LEVEL
 DELRAY BEACH FL 33446
 US

6610 MOONLIT DRIVE
 DELARAY BEACH FL 33446-1612

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

59-2753828

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

BUKZIN, JACK
14784 WILDFLOWER LANE
DELRAY BEACH FL 33446

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GRUBER, ABRAHAM	
STREET ADDRESS	14810 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	V	<input type="checkbox"/> Delete
NAME	RATNER, DORIS	
STREET ADDRESS	6802-MOONLIT.DRIVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHACK, MOLLIE	
STREET ADDRESS	14778 WILDFLOWER LN	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUKZIN, JACK	
STREET ADDRESS	14784 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRUBER, PEARL	
STREET ADDRESS	14810 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEARL GRUBER 4/17/00 561-499-5733
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)