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2/2**FILED**
May 12, 2002 8:00 am
Secretary of State

02-20-2002 90181 036 ****61.75

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 747194**

1. Entity Name

CENTURY VILLAGE EAST WE CARE, INC.

Principal Place of Business

**NEWPORT 0234
CENTURY VILLAGE EAST
DEERFIELD BCH. FL 33442**

Mailing Address

**NEWPORT 0234
CENTURY VILLAGE EAST
DEERFIELD BCH. FL 33442**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-5916301Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTELL, NATALIE R**234 NEWPORT O
CENTURY VILLAGE EAST
DEERFIELD BEACH FL 33442**

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

Natalie R. Martell
Signature, typed or printed name of registered agent and title if applicable.*Natalie R. Martell*
(NOTE: Registered Agent signature required when reappointing)4/23/02
DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, BARBARA 4027 BERKSHIRE B DEERFIELD BEACH FL 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTELL, NATALIE R 234 NEWPORT O DEERFIELD BEACH FL 33441	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP ETMAN, CHARLES 317 TILFORD X DEERFIELD BEACH FL 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP SHULDINER, BERNARD L 3001 FARNHAM N DEERFIELD BEACH FL 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

Date

Corporate Seal