

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90165 002 \*\*\*150.00

**DOCUMENT # F02000002765**

1. Entity Name  
**DIABETIC CARE TEAM.COM INC.**



Principal Place of Business  
**259A GOOLS BY BLVD.  
DEERFIELD BEACH FL 33442**

Mailing Address  
**5722 S. FLAMINGO RD. #318  
COOPER CITY FL 33330**

**55054188**

2. Principal Place of Business

**13804 150 CT N**

Suite, Apt. #, etc.

3. Mailing Address

**13804 150 Court North**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Jupiter FL**

Zip  
**33478**

Country  
**USA**

City & State  
**Jupiter FL**

Zip  
**33478**

Country  
**USA**

4. FEI Number  
**43-1960404**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIRINSKY, MARILYN  
5722 S.FLAMINGO RD #318  
COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

Name **MARILYN Chirinsky**  
Street Address (P.O. Box Number is Not Acceptable) **13804 150 Court North**  
City **Jupiter** FL Zip Code **33478**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARILYN Chirinsky** **7/09/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete  
NAME **CHIRINSKY, MARILYN**  
STREET ADDRESS **5722 S. FLAMINGO RD. #318**  
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MARILYN Chirinsky** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **13804 150 Court North**  
CITY-ST-ZIP **Jupiter FL 33478**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 607, 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 MARILYN Chirinsky** **7/09/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

08/06/03 attachment  
DIABETIC CARE TEAM.COM INC  
13804 150 CT N  
JUPITER FL 33478  
561 745 5487

55054188  
#F02000002765

FLORIDA DEPT OF STATE  
Division Of Corporations

To whom it may concern,

I have previously sent a letter explain that I did not receive my annual report in the mail. This was sent along with my check for the UBR. I have followed up & spoken to one of your advisors. They advised me that my letter probably became separated from my payment and to write again explaining that I did not get the UBR. My address has changed as is reflected in the UBR that I filed. Please waive the late fee for this reason.

Thank You

Marilyn Chirinsky

Diabetic Care Team.com Inc

