

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004417

1. Entity Name

MEDIC CARE MEDICAL ID JEWELRY AND SYSTEMS INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90040 031 ***150.00

Principal Place of Business

Mailing Address

820 SMITH MANOR BLVD.
WEST ORANGE NJ 07052

820 SMITH MANOR BLVD.
WEST ORANGE NJ 07052-4222

2. Principal Place of Business

500 UNO LAGO DR

3. Mailing Address

500 UNO LAGO DR

Suite, Apt. #, etc.

SUITE 402

Suite, Apt. #, etc.

SUITE 402

City & State

Juno Beach, FL

City & State

Juno Beach FL

Zip

33408

Country

Zip

33408

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2530224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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 (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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
LEVY, THEODORE J
820 SMITH MANOR BLVD.
WEST ORANGE NJ 07052

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 UNO LAGO DR # 402
Juno Beach, FL 33408

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)