

2001 UNIFORM BUSINESS REPORT (UBR)

0016307 AF

DOCUMENT # L98000002707

1. Entity Name
HURRYCARE, L.C.

FILED

01 MAY -3 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6400 CONGRESS AVENUE, SUITE 1750
BOCA RATON FL 33487-2810

Mailing Address

6400 CONGRESS AVENUE, SUITE 1750
BOCA RATON FL 33487-2810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2524 N. ANDREWS AVE EXT
Suite, Apt. #, etc.

3. Mailing Address

2524 N. ANDREWS AVE EXT
Suite, Apt. #, etc.

City & State

POMPADOUR BEACH, FL

City & State

POMPADOUR BEACH, FL

4. FEI Number

65-0879989

Applied For

Not Applicable

Zip

Country

33064

Zip

Country

33064

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEFELER, GEORGE ESQ.
100 SOUTHEAST 2ND STREET, SUITE 3700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

PETER H. SORESENSEN

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

2524 N. ANDREWS AVE EXT

City

POMPADOUR BEACH

FL

Zip Code

33064

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 \$50.00
Make Check Payable to Department of State

000004336830--7
-05/31/01--01093--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME BETANCOURT, HECTOR
STREET ADDRESS 4798 NORTHWEST 26TH AVE.
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE MGR
NAME SORESENSEN, PETER H
STREET ADDRESS 2575 NORTHWEST 49TH STREET
CITY-ST-ZIP BOCA RATON FL 33434-2528 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
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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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/01 (954) 973-2650

CR2E083 (11/00)