

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61649

1. Entity Name

MODERN CARE, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90173 014 ***150.00

Principal Place of Business

500 NW 15TH COURT
BOCA RATON FL 33486

Mailing Address

500 NW 15TH COURT
BOCA RATON FL 33486-3242

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

65-0007324

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

PISCITELLI, SABATINO
500 NW 15TH CT.
BOCA RATON FL 33432

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

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
PTD
PISCITELLI, SABATINO
500 NW 15TH CT.
BOCA RATON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
PISCITELLI, DIANE
500 NW 15TH CT.
BOCA RATON FL ☐ Delete

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

TITLE
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☐ Delete

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 (9/98)



Attachment
DW 89 037
July 6, 2000 61649

I received my second notice

from the Department of State today & realized that I had forgot & misfiled my first notice in my 1999 Corporate tax file. Usually it goes in my accounts payable ^{file} but under the circumstances the month of April was very difficult. Allow me to explain - my brother, for I would trust, is diagnosed with AIDS, my understanding with had a heart attack and my daughter's current situation - it was killing a fatal one which obviously for all these tragedies affected my responsibilities. Please contact me with your decision. I am not for me & my children & son my son service & decision, Inc. and presently my obligations are affecting my responsibilities. Things are just a little difficult at the present time.

As my records indicate for the past thirteen years I have paid my corporate fees promptly. Therefore under the circumstances I would appreciate your understanding with my situation & if you would consider waiving my late filing fee. Thank you for your attention. I have enclosed the 150.00 corporate fee & if you need any further information or questions please call. Thank you, David Petrelli

