FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2004 8:00 am
Secretary of State
07-13-2004 90005 018 ****61.25

DOCUMENT #N 20260

1. Entity Name
WE CARE-ORIOLE OF DELRAY, INC.

66430765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7099 W. ATLANTIC AVE.	6936 HUNTINGTON LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT. 401
City & State: DELRAY BEACH, FL.	City & State: DELRAY BCH. FL
Zip: 33446 Country: PALM BCH.	Zip: 33446 Country: PALM BCH.

4. FEI Number: 65-0184483 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OZER, HAROLD

Street Address (P.O. Box Number is Not Acceptable): 14460 STRATHMORE LANE

City: DELRAY BEACH FL Zip Code: 33446

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: Harold Ozer 7-24-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	P
NAME	STENDIG, ISRAEL
STREET ADDRESS	6866 HUNTINGTON LANE #104
CITY-ST-ZIP	DELRAY BCH, FL 33446
TITLE	VP
NAME	RUBIN, MORRIS
STREET ADDRESS	6715 KENSINGTON LA. #301
CITY-ST-ZIP	DELRAY BCH, FL. 33446
TITLE	RS
NAME	STENDIG, JUDY
STREET ADDRESS	6866 HUNTINGTON LA., #104
CITY-ST-ZIP	DELRAY BCH, FL 33446
TITLE	T
NAME	JEWLER, NATHAN
STREET ADDRESS	6936 HUNTINGTON LA., # 401
CITY-ST-ZIP	DELRAY BCH, FL. 33446
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nathan Jewler NATHAN JEWLER 7-8-04 561-498-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66430765

Attachments

PLEASE NOT CORRECT MAILING ADDRESS ON FORM.

#N3076O

THANK YOU,

Nathan Fowler

6936 HUNTINGTON LN. #401

DELRAY BEACH, FLA. 33446