

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90132 023 \*\*\*\*\*61.25

**DOCUMENT # N20260**

1. Entity Name

**WE CARE-ORIOLE OF DELRAY, INC.**



Principal Place of Business

**6866 HUNTINGTON LANE  
DELRAY BEACH FL 33446  
US**

Mailing Address

**7099 W ATLANTIC AVENUE  
DELRAY BEACH FL 33446  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

**STENDIG, ISRAEL  
6866 HUNTINGTON LANE  
DELRAY BEACH FL 33446**

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

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 \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STENDIG, ISRAEL	
STREET ADDRESS	6866 HUNTINGTON LN APT 104	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	WEISS, LOU	
STREET ADDRESS	14425 STRATHMORE LANE	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	2V	<input checked="" type="checkbox"/> Delete
NAME	HURWITZ, HARVEY	
STREET ADDRESS	14849 CUMBERLAND DR	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JEWLER, NATHAN	
STREET ADDRESS	6936 HUNTINGTON LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, RUTH	
STREET ADDRESS	6600 SOUTH ORIOLE BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MORRIS RUBIN 2VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6545 KENSINGTON LN. #301	
CITY-ST-ZIP	DELRAY BEACH, FLA. 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY STENDIG	
STREET ADDRESS	6866 HUNTINGTON LN. #104	
CITY-ST-ZIP	DELRAY BEACH, FLA. 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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 the empowered.

**SIGNATURE: NATHAN JEWLER 7-15-03 561-498-9169**

CR2E037 (4/03)