

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49605

1. Entity Name

WE CARE OF COVERED BRIDGE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90098 016 ****61.25

Principal Place of Business Mailing Address
7290 COVERED BRIDGE BLVD. 7290 COVERED BRIDGE BLVD.
LAKE WORTH FL 33467 LAKE WORTH FL 33467-2783

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 Applied For
65-0351062 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

COHEN, THELMA
7290 COVERED BRIDGE BLVD.
LAKE WORTH FL 33467

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 Thelma Cohen-president Thelma Cohen 1-7-00
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

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	COHEN, THELMA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		508 B HOLYOKE LANE	
CITY-ST-ZIP		LAKE WORTH FL	
TITLE	D	ROSENTHAL, IDA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		593 LACONIA CIRCLE	
CITY-ST-ZIP		LAKE WORTH FL 33467	
TITLE	D	GROSSBERG, ANNE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		167 AMHERST LANE	
CITY-ST-ZIP		LAKE WORTH FL	
TITLE	D	KOWALSKY, JOSEPH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		211 DOWN EAST LN.	
CITY-ST-ZIP		LAKE WORTH FL 33467	
TITLE	D	COPON, HERBERT E	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		508 B HOLYOKE LN.	
CITY-ST-ZIP		LAKE WORTH FL 33467	
TITLE	DP	LEVINE, ABRAHAM	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		496 B HOLYOKE LANE	
CITY-ST-ZIP		LAKE WORTH FL	

TITLE	DP	COHEN THELMA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		508 B HOLYOKE LN	
CITY-ST-ZIP		LAKE WORTH FL 33467	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	COHEN HERBERT E.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		508 B HOLYOKE LN	
CITY-ST-ZIP		LAKE WORTH FL 33467	
TITLE		LEVINE ABRAHAM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		496 B HOLYOKE LN.	
CITY-ST-ZIP		LAKE WORTH FL 33467	

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 like empowered.

SIGNATURE: Herbert E. Cohen HERBERT E. COHEN 1-7-00 641-8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)