

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49605

1. Entity Name

WE CARE OF COVERED BRIDGE, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90163 042 \*\*\*\*61.25

Principal Place of Business  
7290 COVERED BRIDGE BLVD.  
LAKE WORTH FL 33467

Mailing Address  
7290 COVERED BRIDGE BLVD.  
LAKE WORTH FL 33467

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

65-0351062

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME COHEN, THELMA  
STREET ADDRESS 508 B HOLYOKE LN.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ Delete  
NAME ROSENTHAL, IDA  
STREET ADDRESS 593 LACONIA CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ Delete  
NAME GROSSBERG, ANNE  
STREET ADDRESS 167 AMHERST LANE  
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ Delete  
NAME KOWALSKY, JOSEPH  
STREET ADDRESS 211 DOWN EAST LN.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ Delete  
NAME COHEN, HERBERT E  
STREET ADDRESS 508 B HOLYOKE LN.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE DP ☐ Delete  
NAME LEVINE, ABRAHAM  
STREET ADDRESS 496 B HOLYOKE LN  
CITY-ST-ZIP LAKE WORTH FL 33467

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

*THELMA COHEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-01

561-641-8106

Date

Daytime Phone #

CR2E037 (10/00)

0054655