## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 20, 2001 8:00 am DOCUMENT # N9300001722 **Secretary of State** 1. Entity Name 02-20-2001 90070 028 \*\*\*\*61.25 POINCIANA WE CARE, INC. Principal Place of Business Mailing Address C/O SYLVIA LABER いめらえ C/O SYLVIA L<del>MBETF</del> Lい名ぞへ UNULUUZS 3524 POINCIANA DRIVE #102 3524 POINCIANA DRIVE #102 LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 65-0407220 Not Applicable Country \$8.75 Additional Zip Country $\Box$ Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Sou Street Address (P.O. Box Number is Not Acceptable) SOEL, ELEANOR S 3590 POINCIANA DRIVE #304 LAKE WORTH FL 33467 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Pavable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE ☐ Delete TITLE SOLL, ELEANOR NAME NAME STREET ADDRESS STREET ADDRESS 3590 POINCIANA DR # 304 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Addition TD TITLE Change ☐ Delete TITLE BACHARACH, CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS 3661 POINCIANA DR # 113 CITY-ST-ZIP. -CITY-ST-ZIP-LAKE-WORTH FL-33467-TITLE ☐ Change Addition SD ☐ Delete TITLE SILVERBERG, LILLIAN NAME NAME STREET ADDRESS STREET ADDRESS 3465 POINCIANA DRIVE #201 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete TITI F Change Addition TITLE LUBER, SYLVIA NAME NAME STREET ADDRESS STREET ADDRESS 3524 POINCIANA DR., APT. 102 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME PERLMAN, DORIS STREET ADDRESS STREET ADDRESS 6995 CLOVER STREET CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Change ☐ Addition Delete TITLE TITLE NO REPLACEMENT NAME NAME ROSENBERG, JOAN STREET ADDRESS STREET ADDRESS 3810 POINICIANA DR., APT. 408 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 12. I hereby certify that the information supplied with this filling 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.

CONCUMENTATION BACHARACH SIGNATURE AND PROPERTY BACHARACH TREAST 561-641-8572 SIGNATURE: