

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90053 025 ****61.25

DOCUMENT # N93000001722

1. Entity Name

POINCIANA WE CARE, INC.

Principal Place of Business

Mailing Address

C/O SYLVIA LABER
 3524 POINCIANA DRIVE
 LAKE WORTH FL 33467

Myra Stone
 Apt 216
 3326 Arcara Way
 Lake Worth, FL 33467

C/O SYLVIA LABER
 3524 POINCIANA DRIVE #102
 LAKE WORTH FL 33467

Myra Stone
 Apt 216
 3326 Arcara Way
 Lake Worth, FL 33467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0407220

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SOLL, ELEANOR
 3590 POINCIANA DRIVE #304
 LAKE WORTH FL 33467~~

is now a director

Myra Stone
 3326 Arcara Way Apt. 216
 Lake Worth, FL 33467-2969

(b) *President*

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

Myra Stone **MYRA STONE Pres. 2/5/02**

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLL, ELEANOR	
STREET ADDRESS	3590 POINCIANA DR # 304	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BACHARACH, CAROLYN	
STREET ADDRESS	3661 POINCIANA DR # 113	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SILVERBERG, LILLIAN	
STREET ADDRESS	3465 POINCIANA DRIVE #201	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUBER, SYLVIA	
STREET ADDRESS	3524 POINCIANA DR., APT. 102	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERLMAN, DORIS	
STREET ADDRESS	6995 CLOVER STREET	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLL, ELEANOR	
STREET ADDRESS	3590 VIA POINCIANA #304	
CITY-ST-ZIP	LAKE WORTH, FL, 33467	
TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRA STONE	
STREET ADDRESS	3326-ARCARA WAY #216	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARA M. ROSENTHAL	
STREET ADDRESS	3810 VIA POINCIANA #605	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA ROSEN	
STREET ADDRESS	3593 BIRDIE DRIVE #301A	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN, DORIS	
STREET ADDRESS	6995 CLOVER STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTHER ROSENTHAL	
STREET ADDRESS	3810 VIA POINCIANA	
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:

Myra Stone **MYRA STONE 2/5/02 968-9516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)