

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000010792

1. Entity Name

MAX CARE ENTERPRISES, CORPORATION

Principal Place of Business

8010 HAMPTON BLVD APT# 214
NORTH LAUDERDALE, FL 33068

Mailing Address

P.O. BOX 451073
SUNRISE, FLORIDA 33345-1073

2. Principal Place of Business

8010 HAMPTON BLVD

Suite, Apt #, etc.

214

3. Mailing Address

Suite, Apt #, etc.

City & State

NORTH LAUDERDALE, FL

City & State

4. FEI Number

65-0974071

Applied For

Not Applicable

Zip
33068

Country
USA

Zip

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GURGEL, CARLOS
8010 HAMPTON BLVD APT# 214
NORTH LAUDERDALE, FL 33068

7. Name and Address of Now Registered Agent

Name
GURGEL, CARLOS
Street Address (P.O. Box Number is Not Acceptable)
8010 HAMPTON BLVD APT# 214

City
NORTH LAUDERDALE
FL Zip Code
33068

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State.

10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 may Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTD GURGEL, CARLOS 8010 HAMPTON BLVD APT# 214 NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Carlos Gurgel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 JUL -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

DO NOT WRITE IN THIS SPACE