

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90084 035 ***150.00

DOCUMENT # P00000010955 ✓

1. Entity Name

Care Medical Solutions, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9000 Sw 8 St

Suite, Apt. #, etc.

23B-1

City & State

Miami FL

Zip

33174

Country

US

3. Mailing Address

9000 Sw 8 St

Suite, Apt. #, etc.

23B-1

City & State

Miami FL

Zip

33174

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0983747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Lamas Carlos

Street Address (P.O. Box Number is Not Acceptable)

9131 Sw 142 Path

City

Miami

FL

Zip

33186

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

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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD Lamas Carlos
9131 Sw 142 Path
Miami FL 33174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)