

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90245 031 ***150.00

DOCUMENT # P00000040620

1. Entity Name
PROPER CARE, INC.

Principal Place of Business

**3827 S.W. 170TH AVE
 MIRAMAR FL 33027**

Mailing Address

**POST OFFICE BOX 260277
 PEMBROKE PINES FL 33206**

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 **65-1004901**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PEREZ, JUAN C
 3827 S.W. 170TH AVE
 MIRAMAR FL 33027**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **PEREZ, JUAN C**
 STREET ADDRESS **3827 S.W. 170TH AVE**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **VP** ☐ Delete
 NAME **SANCHEZ, DIANA M**
 STREET ADDRESS **3827 S.W. 170TH AVE**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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 required 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:

Diana Sanchez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/02
 Date

754-980-0035
 Daytime Phone #

CR2E034 (4/02)

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9. This corporation is eligible to satisfy its Intangible
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(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**

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Trust Fund Contribution. ☐

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SIGNATURE

Attachment

DO NOT WRITE IN THIS SPACE

PROPER CARE, INC.

Attachment
#P00000040620

July 5, 2002

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Corporation Annual Report

Dear Sir or Madam:

Enclosed please find the Annual Report for 2002 along with a copy of the original check and form sent on April 29, 2002. Upon receipt of the new form due in September and after verifying with the bank that check #1301 issued to the Department of State was never cashed, I have included a new check to cover for this years fees.

For reasons beyond my control, your kind understanding to this matter will be most appreciated.

Thanking you in advance for your kind assistance to this matter and if you have any questions, please do not hesitate in contacting me at 954-450-1994 or 305-798-1180.

Sincerely,

PROPER CARE, INC.


Diana M. Sanchez

DMS/ds

PROPER CARE INC.

Attachment
D# P00000040620

1301

Florida Department of State

Date	Type	Reference	Original Amt.	Balance Due	4/29/2002	Discount	Payment
04/29/02	Bill		150.00	150.00			150.00
					Check Amount		150.00

Bank of America

P00000040620

150.00