2002 UNIFORM BUSINESS REPORT (UBR)

Jul 11, 2002 8:00 am Secretary of State DOCUMENT # P00000040620 1. Entity Name 07-11-2002 90245 031 ***150.00 PROPER CARE, INC. Principal Place of Business Mailing Address POST OFFICE BOX 260277 3827 S.W. 170TH AVE 1 MIRAMAR FL 33027 PEMBROKE PINES FL 33206 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1004901 Not Applicable Zip. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, JUAN C Street Address (P.O. Box Number is Not Acceptable) 3827 S.W. 170TH AVE MIRAMAR FL 33027 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. 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE NAME PEREZ, JUAN C NAME 3827 S.W. 170TH AVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition VΡ TITLE NAME NAME SANCHEZ, DIANA M STREET ADDRESS 3827 S.W. 170TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIRAMAR FL 33027 Change-Addition - - Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE:

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changed, or on an attachment with an address, with all other like empowered

954-980-0035

FILED

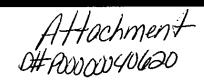
2002 UNIEORM BUSINESS REPORT (UBR) P00000040620 OPER CARE, INC. Chmen Principal Place of Business Mailing Address POST OFFICE BOX 260277 3827 S.W. 170TH AVE PEMBROKE PINES FL 33206 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1004901 Not Applicable \$8.75 Additional Zip Country Country. Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, JUAN C Street Address (P.O. Box Number is Not Acceptable) 3827 S.W. 170TH AVE MIRAMAR FL 33027 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE NAME NAME Perez, Juan C STREET ADDRESS STREET ADDRESS 3827 S.W. 170TH AVE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 Addition Change ☐ Delete TITLE TITLE NAME NAME SANCHEZ, DIANA M STREET ADDRESS STREET ADDRESS 3827 S.W. 170TH AVE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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PROPER CARE, INC.



July 5, 2002

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

> **Corporation Annual Report** Re:

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.

DMS/ds

PROPER CARE INC.

1301

Florida Department of State

Date 04/29/02

Type Bill

Reference

Original Amt. 150.00

Balance Due 150.00

4/29/2002 Discount

Check Amount

Payment 150.00 150.00

Bank of America

P00000040620

150.00