

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065014

1. Entity Name

WANDA CARE CORP.

Principal Place of Business

8035 150 COURT NORTH
PALM BEACH GARDENS FL 33418

Mailing Address

8035 150 COURT NORTH
PALM BEACH GARDENS FL 33418

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

65-1025791

Applied For

Not Applicable

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

JACKOWSKI, STEFAN
8035 150 COURT NORTH
PALM BEACH GARDENS FL 33418

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04.09.01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DANIELAK, WANDA
STREET ADDRESS 5000 NORTH A-1-A OCEANGATE #533
CITY-ST-ZIP VERO BEACH FL 32963

TITLE WANDA DANIELAK ☒ Change ☐ Addition
NAME 8035 150 CT. N.
STREET ADDRESS PALM BEACH GARDENS, FL 33418
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for an 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empower

signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: *Wanda Danielak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

OR DIRECTOR

4/20/01

Date

Daytime Phone #

CR2E034 (10/00)

0234940

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90020 033 ***150.00



DO NOT WRITE IN THIS SPACE