

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90056 018 \*\*\*150.00

DOCUMENT # P00000090273

1. Entity Name

MEDCARE ENTERPRISES, INC.

Principal Place of Business

2520 CORAL WAY, STE 2267  
MIAMI FL 33145

Mailing Address

2520 CORAL WAY, STE 2267  
MIAMI FL 33145

2. Principal Place of Business

5788 SW 8 ST

3. Mailing Address

5788 SW 8 ST

Suite, Apt. #, etc.

miami FL

Suite, Apt. #, etc.

City & State

City & State  
Miami FL

4. FEI Number

65-1042029

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CABRERA, MAYRA  
2520 CORAL WAY, STE 2267  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Blanca L. Vazquez

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

5310 SW 7th St.

City

Miami

FL

Zip

33134

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

*Blanca Vazquez*

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, 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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS VAZQUEZ, BLANCA L. A  
CITY-ST-ZIP 5310 SW 7TH STREET  
MIAMI FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Blanca Vazquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-01 3054412615

CR2E034 (10/00)