

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000092369**1. Entity Name
NEAT CARE, INC.**Principal Place of Business**

419 LAKEVIEW DR. #202

WESTON
33326

FL

Mailing Address

419 LAKEVIEW DR. #202

WESTON
33326

FL

2. Principal Place of Business

165 LAKEVIEW DR

Suite, Apt. #, etc.
103City & State
WESTON FLZip
33326

Country

3. Mailing Address

269 N. UNIVERSITY DR

Suite, Apt. #, etc.
"J"City & State
PEMBROKE PINES FLZip
33024

Country

4. FEI Number**65-1080576**

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 AgentGARCIA HECTOR J
419 LAKEVIEW DR. #202WESTON
33326

FL

7. Name and Address of New Registered Agent**Name**

CORONA MARITZA M

Street Address (P.O. Box Number is Not Acceptable)
269 N UNIVERSITY DR

SUITE J

City
PEMBROKE PINES

FL

Zip Code
33025

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 **MARITZA M CORONA**

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

(NOTE: Registered Agent signature required when reinstating)

03/29/2001

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	VSD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA HECTOR J	
STREET ADDRESS	419 LAKEVIEW DR. #202	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	ZAMBRANO ULISES	
STREET ADDRESS	419 LAKEVIEW DR. #202	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBRANO ULISES	
STREET ADDRESS	165 LAKEVIEW DR #103	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ulises Zambrano

PTD

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)