2002 UNIFORM BUSINESS REPORT (UBR) P00000092369

DOCUMENT # 1. Entity Name

NEAT CARE, INC.

Principal Plac	ce of Business	Mailing Address	,				
165 LAKEVIEW DR		269 N. UNIVERSITY DR			,	יצטפי	1 5
103		"J*			429815		
WESTON FL	33326	PEMBROKE PINES FL 33024					
2. Principal Place of Business		3. Mailing Address				F1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
		SuiTe 210					
City & State		City & State WESTON, FLORIDA		4.	4. FEI Number 65-1080576 Applied For Not Applicat		Applied For Not Applicable
Zip	Country	Zip 33326	Country	.Δ 5.	. Certificate of Status Desired	\$8.75 Fee Reg	Additional uired
	6. Name and Address of Current Re		1		Name and Address of New Registe		4,104
•				Name			
CORONA, MARITZA M				GBS-CONSULTANTS			
269 N U	WVERSITY DR	Street Address (. Address (P.O. 10 <i>L.)FS</i> 1	Box Number is Not Acceptable) FON Rd. SUITE 210		
SUITE J			1.0	10 00001	DA 200. 201/2		
PEMBROKE PINES FL 33025							<u>.</u>
FEMERICIAL FINED 1 E 000E0			City	WESTO	- NO -	FL Zip (Code 33326
8. The above	named entity submits this statement for t	he purpose of changing its	registered office				
SIGNATURE	Man granteef	HARIA D. Little Japplicable. (NOTE	/A7 E: Registered Agent sign	nature required when	n reinstating)	/25/0	2_
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		\$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11,	****		12.	А	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZAMBRANO, ULISES 165 LAKEVIEW DR #103 WESTON FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	,	☐ Chanç	ge Addition
TITLE		☐ Delete	TITLE			☐ Chang	ge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		☐ Chang	ge 🗌 Addition
TITLE		☐ Delete	TITLE			☐ Chang	e 🔲 Addition

CITY-ST-ZIP CITY-ST-ZIP loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if rulke empowered. 13. I hereby certify that the information supplied with this indicated on this report or supplemental reports of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIME ME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

May 20, 2002 8:00 am Secretary of State 05-20-2002 90083 036 ***150.00

FILED

Addition

☐ Change

☐ Addition