

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90144 011 \*\*\*150.00

0362276 AV

**DOCUMENT #** P00000092369

1. Entity Name  
**NEAT CARE, INC.,**



Principal Place of Business  
**1290 WESTON RD.  
SUITE 306  
WESTON FL 33326**

Mailing Address  
**1290 WESTON RD.  
SUITE 306  
WESTON FL 33326**

2. Principal Place of Business  
**15970 W. STATE Rd. 84**

3. Mailing Address  
**15970 W. state Rd 84**

Suite, Apt. #, etc.  
**# 217**

Suite, Apt. #, etc.  
**# 217**

City & State  
**Weston FL**

City & State  
**Weston FL**

Zip  
**33326**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1080576**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GBS CONSULTANTS  
1290 WESTON RD  
STE 210  
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **ULISES ZAMBRANO**

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

**15970 W. state Rd. 84 #217**

City **Weston**

FL

Zip Code  
**33326**

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 **ULISES ZAMBRANO**

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

(NOTE: Registered Agent signature required when reinstating)

**4-25-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** **ULISES ZAMBRANO** **4-25-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)