## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P00000101831



## **FILED** Mar 03, 2003 8:00 am Secretary of State

| GLOBAL                                                                                                                          | CARE, INC.          |                                         |                                                                           |                               | 03-03-2003 90453 014 ***150.00          |                                                       |                                             |                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------|---------------------------------------------------------------------------|-------------------------------|-----------------------------------------|-------------------------------------------------------|---------------------------------------------|-----------------------------|
| Principal Place of Business 3912 SOUTH OCEAN BLVD. #405 HIGHLAND BEACH FL 33487                                                 |                     |                                         | Mailing Address<br>3912 SOUTH OCEAN BLVD. #405<br>HIGHLAND BEACH FL 33487 |                               |                                         |                                                       | <b>1818</b> 1 (2011 <b>20</b> 10) (100) (21 | 196 (1181 (148 <b>18</b> 8) |
| 2. Principal                                                                                                                    | Place of Busine     | ess                                     | 3. Mailing Address                                                        |                               |                                         |                                                       |                                             |                             |
| Suite, Apt. #, etc.                                                                                                             |                     |                                         | Suite, Apt. #, etc.                                                       |                               |                                         | ☐ CHECK HERE IF MAKING CHANGES                        |                                             |                             |
| City & State                                                                                                                    |                     |                                         | City & State                                                              |                               |                                         | 4. FEI Number 65-1055364 Applied For                  |                                             | <del></del>                 |
| Zip                                                                                                                             |                     | Country                                 | Zip                                                                       | Country                       |                                         | 5. Certificate of Status Desired                      | \$8.75 A                                    | Not Applicable<br>dditional |
| 6. Name and Address of Curren                                                                                                   |                     |                                         | Registered Agent                                                          |                               |                                         | 7. Name and Address of New Registered Agent           |                                             |                             |
| 6. Name and Address of Current Registered Agent                                                                                 |                     |                                         |                                                                           |                               | Name Name Name Name Name Name Name Name |                                                       |                                             |                             |
| KOFF, CRAIG<br>3912 SOUTH OCEAN BLVD. #405                                                                                      |                     |                                         |                                                                           |                               |                                         | P.O. Box Number is Not Acceptable)                    |                                             |                             |
| HIGHLAND BEACH FL 33487                                                                                                         |                     |                                         |                                                                           |                               |                                         |                                                       | <u> </u>                                    |                             |
| The above named entity submits this statement for the purpose of changing its rettee about the obligations of registered agent. |                     |                                         |                                                                           |                               | or registers                            | od good or both in the China (Eliza                   | FL Zip Co                                   | ľ                           |
| the obliga                                                                                                                      | tions of register   | red agent.                              | and perpendicular or arriging its                                         | registered onice              | or registere                            | d agent, or both, in the State of Florida             | a. I am familiar with                       | , and accept                |
| SIGNATURE                                                                                                                       | Signature, typed or | printed name of registered agent an     | d little if annicable (AIOTE                                              | - Conjutaced to the           |                                         |                                                       |                                             |                             |
|                                                                                                                                 |                     |                                         | O tite ( applicable. (NO1E                                                | Registered Agent sig          | nature required v                       | when reinstating)                                     | DATE                                        | ĺ                           |
| Afte                                                                                                                            | r May 1, 2003       | FEE IS \$150.00<br>Fee will be \$550.00 |                                                                           |                               |                                         | Election Campaign Financ     Trust Fund Contribution. |                                             | 00 May Be                   |
|                                                                                                                                 | K Payable to I      | Florida Department of                   |                                                                           |                               |                                         | · · · · · · · · · · · · · · · · · · ·                 | ⊔ Adde                                      | d to Fees                   |
| 10.                                                                                                                             |                     | OFFICERS AND D                          | IRECTORS                                                                  | 11.                           |                                         | ADDITIONS/CHANGES TO OFFICE                           | RS AND DIRECTOR                             | 2S IN 11                    |
| TITLE                                                                                                                           | PVD                 |                                         | ☐ Delete                                                                  | TITLE                         |                                         |                                                       |                                             |                             |
| NAME                                                                                                                            | KOFF, CRAI          |                                         |                                                                           | NAME                          |                                         |                                                       | ☐ Change                                    | ☐ Addition                  |
| STREET ADDRESS                                                                                                                  | 3912 SOUT           | H OCEAN BLVD. #405                      |                                                                           | STREET ADDRESS                | 3                                       |                                                       |                                             | Į                           |
| CITY-ST-ZIP                                                                                                                     | HIGHLAND            | BEACH FL 33487                          |                                                                           | CITY-ST-ZIP                   |                                         | ·                                                     |                                             | j                           |
| TITLE                                                                                                                           | <u> </u>            | <u></u>                                 | ☐ Delete                                                                  | TITLE                         | <del>  -</del>                          | <del></del>                                           |                                             |                             |
| NAME                                                                                                                            | ļ                   |                                         | □ Delete                                                                  | NAME                          | i                                       |                                                       | ☐ Change                                    | ☐ Addition                  |
| STREET ADDRESS                                                                                                                  | 1                   |                                         |                                                                           | STREET ADDRESS                | ,                                       |                                                       |                                             | 1                           |
| CITY-ST-ZIP                                                                                                                     | İ                   |                                         |                                                                           | CITY-ST-ZIP                   | '                                       |                                                       |                                             | }                           |
| TITLE                                                                                                                           | <u> </u>            |                                         |                                                                           | <del></del>                   | <del>  -</del>                          |                                                       | <del></del>                                 | <del></del>                 |
| NAME                                                                                                                            |                     | Charles a commercial for                | Delete                                                                    | NAME                          | -                                       | water in anyther that we will                         | Change                                      | ☐ Addition                  |
| STREET ADDRESS                                                                                                                  |                     |                                         | •                                                                         | STREET ADDRESS                | .                                       |                                                       |                                             |                             |
| CITY-ST-ZIP                                                                                                                     |                     |                                         |                                                                           | CITY-ST-ZIP                   | ' [                                     |                                                       |                                             |                             |
| TITLE                                                                                                                           |                     |                                         |                                                                           |                               | <del></del>                             | <del>-</del>                                          |                                             |                             |
| NAME                                                                                                                            |                     |                                         | ☐ Delete                                                                  | TITLE                         |                                         |                                                       | ☐ Change                                    | ☐ Addition                  |
| STREET ADDRESS                                                                                                                  |                     |                                         |                                                                           | NAME<br>STREET ADDRESS        |                                         |                                                       |                                             |                             |
| CITY-ST-ZIP                                                                                                                     | •                   |                                         |                                                                           | CITY-ST-ZIP                   |                                         |                                                       |                                             | }                           |
| TITLE                                                                                                                           |                     |                                         |                                                                           | <del> </del>                  | -                                       |                                                       |                                             | <u>:</u>                    |
| NAME                                                                                                                            |                     |                                         | - Delete                                                                  | TITLE NAME                    | 1                                       |                                                       | ☐ Change                                    | Addition                    |
| STREET ADDRESS                                                                                                                  |                     |                                         | •                                                                         |                               |                                         |                                                       |                                             |                             |
| CITY-ST-ZIP                                                                                                                     |                     | •                                       | * * * 2 = 0 = 0                                                           | STREET ADDRESS<br>CITY-ST-ZIP | 1 .                                     |                                                       |                                             | 1                           |
| TITLE                                                                                                                           | ·                   | · · · · · · · · · · · · · · · · · · ·   | □ n-t                                                                     | ·                             | +                                       |                                                       |                                             |                             |
| NAME                                                                                                                            |                     |                                         | ☐ Delete                                                                  | TITLE                         |                                         |                                                       | Change                                      | Addition                    |
| STREET ADDRESS                                                                                                                  |                     |                                         |                                                                           | NAME<br>STREET ADDRESS        |                                         |                                                       |                                             |                             |
| CITY-ST-ZIP                                                                                                                     |                     |                                         |                                                                           | STREET ADDRESS<br>CITY-ST-ZIP |                                         |                                                       |                                             |                             |
|                                                                                                                                 | ertify that the in  | formation supplied with th              | in filing does not avail?                                                 | G11-31-ZIP                    | 1                                       |                                                       |                                             |                             |

r nereby 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

**SIGNATURE:**