

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90008 027 ***150.00

DOCUMENT # P01000000858

1. Entity Name

W & M CARE SERVICES, INC.

Principal Place of Business

**14108 S.W. 164TH TERRACE
 MIAMI FL 33177**

Mailing Address

**14108 S.W. 164TH TERRACE
 MIAMI FL 33177**

2. Principal Place of Business

**12228 SW 132nd Ct
 Suite, Apt. #, etc.**

3. Mailing Address

**12228 SW 132nd Ct
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL 33186

City & State

MIAMI FL

4. FEI Number

100-1064554

Applied For

Not Applicable

Zip

33186

Country

DADE

Zip

33186

Country

DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DEL ROSARIO, MAGALY
 14108 S.W. 164TH TERRACE
 MIAMI FL 33177**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Magaly DelRosario

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's name must be typed when installing.)

DATE

1/7/01

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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **DEL ROSARIO, MAGALY**
 STREET ADDRESS **14108 S.W. 164TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)