

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P01000037704**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Specialty Care Assistance, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

330 PAULS DR

Suite, Apt. #, etc.

330 PAULS DR

City & State

BRANDON FL

City & State

BRANDON FL

Zip

33511

Country

Zip

33511

Country

4. FEI Number

59-3708251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jose Rojas

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

330 PAULS DR

City

BRANDON

FL

Zip Code

33511

**DO NOT WRITE
IN THIS SPACE**

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

Jose Rojas

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres

Jose Rojas

330 PAULS DR

BRANDON FL 33511

TITLE
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100008769111
11/04/02--01004--024 **150.00

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**SPECIALTY CARE
ASSISTANCE CORP**

330 Pauls Dr
Brandon, FL 33511-4821

October 22, 2002

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Annual Report Fees

Per our conversation I am including the fee of \$150.00 for the Annual report. This is the first year we need to pay these fees.

Thank you, for your services.

Sincerely,

Jose Rojas
Jose Rojas
Officer

Sign & Mail

↓ my
Call 867-9939

OK =
Sincerely,
- Jose

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]

[illegible]
[illegible]
[illegible]

4K Bobcat Service Inc.
7756 Coral boulevard
Miramar
Florida 33023

October 28, 2002

Department of State
Divisions of Corporation
P.O. Box 6327
Tallahassee
Florida 32314

Dear Sirs:

Re: Re Uniform Business Report for 4K Bobcat Service Inc., EI # 69-1093348

With regard to the filing of Uniform Business report for the above-named corporation I am requesting a waiver of fees for non-filing. I have never received any previous report notices from your office.

I am enclosing a check for the filing in the sum of one hundred and fifty eight dollars and seventy-five cents (\$158.75). One hundred and fifty dollars will represent filing of the report and eight dollars seventy-five cents for the certificate of status fees. Also enclosed is the application for reinstatement.

Thanks for your kind cooperation and assistance.

Sincerely,
4K Bobcat Service Inc.

.....
Kevin Ramcharan
President