

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

FILED

DOCUMENT # *P01000037704*

1. Entity Name

*Specialty Care Assistance, Corp*

02 NOV -4 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*330 PAULS DR*

City & State

*BRANDON FL*

Zip

*33511*

Country

Suite, Apt. #, etc.

*330 PAULS DR*

City & State

*BRANDON FL*

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*

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 is 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 \$550.00  
Amended UBR is \$81.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*1000008769111  
11/04/02-01004-024 \*\*\$150.00*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

\_\_\_\_\_  
J my cell 867-9939  
Off  
Saludos  
- Jose

RE: 4K Bobcat Service Inc. EI# 69-1093348  
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**4K Bobcat Service Inc.**  
7756 Coral boulevard  
Miramar  
Florida 33023

October 28, 2002

Dear Sirs:

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