

FILED  
Jul 15, 2002 8:00 am  
Secretary of State

06-24-2002 90298 041 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042580

1. Entity Name

NATURAL CARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2712 SW 55 ST.

Suite, Apt. #, etc.

3. Mailing Address

2712 SW 55 ST

Suite, Apt. #, etc.

97198

DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0328944

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL BENGIO

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

2525 N STATE RD 7,

SUITE 115

City

HOLLYWOOD

FL

Zip Code 33021

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

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

6/17/02

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 P  
NAME VAKNIN, DOTAN  
STREET ADDRESS 2712 SW 55 ST.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE VP  
NAME LEVY, AMIT  
STREET ADDRESS 2712 SW 55 ST.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



HOFFMAN, LEVY, BENGIO & COHEN, PL  
*Certified Public Accountants and Consultants*

2525 N. STATE ROAD 7 • SUITE 115  
HOLLYWOOD, FL 33021  
TEL: (954) 966-1141 • FAX: (954) 966-2474

Attachment

97198  
#PD/000042580

June 17, 2002

Uniform Business Report  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Natural Care, Inc.

To Whom It May Concern:

Enclosed please find a copy of the UBR for 2002 for Natural Care, Inc., as well as a check for \$150.00 for the fee for the year 2002.

The corporation changed addresses during 2001 and consequently, the owner did not get the original UBR to renew the corporation.

At this time, we respectfully request that you waive the late penalties and accept the enclosed check as full payment. Should you have any questions, please do not hesitate to contact me at 954-966-1141 x-222.

Thanking you in advance,

Sincerely,

Daniel Bengio, CPA

Encl.