

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000079792

FILED
Apr 30, 2003
Secretary of State

Entity Name: WE CARE PHARMACIES, INC.

Current Principal Place of Business:

8352 N.E. 2ND AVENUE
MIAMI, FL 33138

New Principal Place of Business:

201A EAST HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

Current Mailing Address:

8352 N.E. 2ND AVENUE
MIAMI, FL 33138

New Mailing Address:

201A EAST HALLANDALE BEACH BLVD
HALLANDALE BEACH BLVD, FL 33009

FEI Number: 51-0419462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVENPORT, STANLEY T
8352 N.E. 2ND AVENUE
MIAMI, FL 33138

Name and Address of New Registered Agent:

DAVENPORT, STANLEY T
210A EAST HALLANDALE BEACH BLVD
HALLANDALE BEACH BLVD, FL 33009

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:

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVENPORT, STANLEY T
Address: 964 SW 101 WAY VENUE
City-St-Zip: MIAMI, FL 33138

Title: VD () Delete
Name: DAVENPORT, LISA
Address: 964 SW 101 WAY VENUE
City-St-Zip: MIAMI, FL 33138

Title: TD () Delete
Name: HINDS, HARTLEY
Address: 4890 NW 7TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: SD (X) Delete
Name: SAUTMAN, SATPAL K
Address: 9624 NW 7TH CIRCLE #1535
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: HINDS, HARTLEY
Address: 4890 NW 7TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY T DAVENPORT

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date