

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

DOCUMENT #

1. Entity Name

WE CARE MEDICAL SUPPLY INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2322 SW 67 AVE

Suite, Apt. #, etc.

3. Mailing Address

2322 SW 67 AVE

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
13-4218167

Applied For
Not Applicable

Zip
33155-1846

Country
USA

Zip
33155-1846

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Blanch Ibrahim

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

15100 SW 145 CT.

City
Miami

FL Zip Code
33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BLANCHE IBRAHIM
15100 SW 145 CT MIAMI FL 33186

TITLE
NAME
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IN THIS SPACE**

12. 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 10 or on an attachment with an address where I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

WE CARE MEDICAL SUPPLY, INC.

TO WHOM IT MAY CONCERN:

AS PER OUR CONVERSATION TODAY, I AM SENDING TO YOU THIS UBR
FORM ALONG WITH THE CHECK TO PROPERLY UP-DATE MY COMPANY

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I
WAS NOT ACTIVE WITH YOUR OFFICE.

I ALSO STATE THAT I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE
REGARDING THE 2003 PAYMENT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN
ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.


~~CORDALITY,~~

BLANCH IBRAHIM