

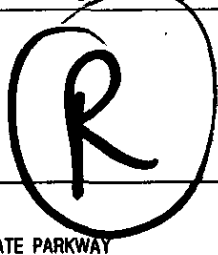
# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**  
 08-21-2000 90212 018 \*\*\*150.00

**DOCUMENT # P93000049659**

1. Entity Name

**CHILDREN'S CARE WEST, P.A.**



Principal Place of Business

**440 SAWGRASS CORPORATE PARKWAY  
 SUITE 106  
 SUNRISE FL 33325**

Mailing Address

**440 SAWGRASS CORPORATE PARKWAY  
 SUITE 106  
 SUNRISE FL 33325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0426592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADLER, MITCHELL D.  
 C/O ABRAMS ANTON PA  
 2021 TYLER ST  
 HOLLYWOOD FL 33022**

Name

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

City

**FL**

Zip Code

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, 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) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>MONTE-FERNANDEZ, ROSA</b> <b>1053 POPLAR CR</b> <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>PEREDES, GILL</b> <b>10251 SW 20TH STREET</b> <b>DAVIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>MARTINEZ, NESTOR J</b> <b>410 NW 199 AVE</b> <b>PEMBROKE PINES FL 33029</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**18/15/00**  
 Date

**846-8520**  
 Daytime Phone #

CR2E034 (5/00)

Attachment  
P93000049659  
DW80087



**OCARIZ, GITLIN  
& ZOMERFELD, LLP**  
CERTIFIED PUBLIC ACCOUNTANTS

August 8, 2000

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

Re: Children's Care West, P.A.  
EIN# 65-0426592  
Document #P93000049659

Our client, the above named taxpayer has not seen their check to your department in payment of the 2000 Uniform Business Report clear their bank and are concerned that the check and the form might have been lost in the mail. Also, they have been periodically checking your web site and have not seen their annual report posted to your system. The client mailed in the form along with the check for \$150.00 before the due date of May 1, 2000.

Enclosed please find a signed 2000 Uniform Business Report along with a newly reissued check for \$150.00.

We hope that with this letter the matter can be solved. If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

  
Raymond J. Zomerfeld, C.P.A.  
For the firm

Union Planters Bank Building  
2151 LeJeune Rd.  
Suite 312  
Coral Gables, FL 33134  
Tel: 305.444.8288  
Fax: 305.444.8280  
www.ogz-cpa.com

RJZ/an

Encl.

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY  
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED  
ENVELOPE.**

Members of:  
American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants  
ACPA International  
with Offices Worldwide