

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025039

1. Entity Name

CARE MASTER, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90164 040 ***150.00

Principal Place of Business

7742 PETERS ROAD
PLANTATION FL 33324
US

Mailing Address

660 SANDLEWOOD DRIVE
PLANTATION FL 33317
US

2. Principal Place of Business

660 SANDLEWOOD DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PLANTATION FL 33324

City & State

Zip

Country

33324

US

Zip

Country

4. FEI Number

65-0475271

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

BURGS, ROBERT D P.A.
817 S. UNIVERSITY DR.
SUITE 122
PLANTATION FL 33324

Name

ROBIN EVANS

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

660 SANDLEWOOD DRIVE

City

PLANTATION

FL

Zip Code

33324

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	EVANS, ROBIN	
STREET ADDRESS	660 SANDELWOOD DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, STEVE	
STREET ADDRESS	660 SANDLEWOOD DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JEFF HOCHMAN	
STREET ADDRESS	660 SANDLEWOOD DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JEFF HOCHMAN	
STREET ADDRESS	660 SANDLEWOOD DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIN EVANS	
STREET ADDRESS	660 SANDLEWOOD DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP - SEC TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE EVANS	
STREET ADDRESS	660 SANDLEWOOD DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF HOCHMAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF HOCHMAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: Robin Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

Date

954 583 6614

Daytime Phone #

CR2E034 (10/00)