

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90076 036 ***150.00

C0031915

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 94000077711

1. Entity Name

"TAKE CARE," INC.

Principal Place of Business

Mailing Address

2660 S.OCEAN BLVD.
 606 N
 PALM BEACH, FL
 33480

2660 S. OCEAN BLVD.
 606N
 PALM BEACH, FL 33480-5487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0526642

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAMPELL, PAUL
 125 WORTH AVE.
 SUITE 202
 PALM BEACH, FL 33480

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 \$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 ☐ Delete
 NAME CAMM, SAMUEL A.
 STREET ADDRESS 150 EAST 56TH ST.
 CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☒ Change ☐ Addition
 NAME CAMM, SAMUEL A.
 STREET ADDRESS 2660 S. OCEAN BLVD. # 606N
 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D ☐ Delete
 NAME FIGARI, ALBERTO
 STREET ADDRESS 150 EAST 56TH ST.
 CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☒ Change ☐ Addition
 NAME FIGARI, ALBERTO
 STREET ADDRESS 154 WEST SADDLE RIVER ROAD
 CITY-ST-ZIP SADDLE RIVER, NJ 07458

TITLE D ☐ Delete
 NAME CAMM, MARVIN A.
 STREET ADDRESS 150 EAST 56TH ST.
 CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☒ Change ☐ Addition
 NAME CAMM, MARVIN A.
 STREET ADDRESS 2660 S. OCEAN BLVD. # 606N
 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN A. CAMM

2-19-01

(561)832-7718

Date

Daytime Phone #

CR2E034 (11/00)