

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009120

1. Entity Name

CARE HEALTH, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90065 034 \*\*\*150.00

Principal Place of Business

1523 NW 10TH AVENUE  
 FT LAUDERDALE FL 33311

Mailing Address

1523 NW 10TH AVENUE  
 FT LAUDERDALE FL 33311-5410

2. Principal Place of Business

2900 Banyan St  
 Suite, Apt. #, etc. #207  
 City & State Ft Lauderdale, FL

3. Mailing Address

2900 Banyan St  
 Suite, Apt. #, etc. #207  
 City & State Ft Lauderdale, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0550277

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARRERO, OLGA L  
 1523 NW 10TH AVENUE  
 FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name OLGA L MARRERO  
 Street Address (P.O. Box Number is Not Acceptable) 2900 BANYAN ST  
 #207  
 City Ft Lauderdale FL Zip Code 33316

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARRERO, OLGA L	
STREET ADDRESS	1523 NW 10TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARRERO, LINO R	
STREET ADDRESS	1354 NW 125TH TERR	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MUNNE, RAFAEL A	
STREET ADDRESS	2620 SW 12TH ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD same name	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2900 Banyan St #207	
CITY-ST-ZIP	Ft Lauderdale, FL 33316	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)