

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057655

1. Entity Name

COLONIAL HEALTH CARE SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90081 027 ***150.00

Principal Place of Business

1701-3 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060
US

Mailing Address

1701-3 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060-6767
US

2. Principal Place of Business

1701 E. ATLANTIC BLVD.

3. Mailing Address

1701 E. ATLANTIC BLVD.

Suite, Apt. #, etc.

SUITE #2

Suite, Apt. #, etc.

SUITE #2

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33060

Country

USA

Zip

33060

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLF, ROBERT M P.A.
33 S.E. 4TH STREET
STE. 102
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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, 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
NAME LEVY, YUVAL
STREET ADDRESS 5492 FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE VD
NAME HOUSENBOLD, ROBERTA
STREET ADDRESS 5492 FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE TD
NAME LEVY, KIM
STREET ADDRESS 5492 FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE D
NAME HOUSENBOLD, MAXIM
STREET ADDRESS 5492 FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE SD
NAME HOUSENBOLD, JASON
STREET ADDRESS 5492 FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 2334 NW 60th ST.
CITY-ST-ZIP BOCA RATON, FL 33496 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 2334 NW 60th ST.
CITY-ST-ZIP BOCA RATON, FL 33496 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2334 NW 60th ST.
CITY-ST-ZIP BOCA RATON, FL 33496 ☒ Change ☐ Addition

TITLE TD
NAME MATANYA KAUFMAN
STREET ADDRESS 21474 ST. ANDREWS GRAND CIR.
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Change ☒ 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: YUVAL LEVY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (954) 975-3339
Date Daytime Phone #