# 2001 UNIFORM BUSINESS REPORT (UBR)

1/7

**FILED**
**Feb 13, 2001 8:00 am**
**Secretary of State**
01-26-2001 90125 036 ***150.00

61443

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000057655

1. Entity Name
COLONIAL HEALTH CARE SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1701 E ATLANTIC BV<br>SUITE 2<br>POMPANO BEACH FL 33060<br>US | 1701 E ATLANTIC BV<br>SUITE 2<br>POMPANO BEACH FL 33060<br>US |

| 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 65-0597516 — 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 |
|---|---|
| WOLF, ROBERT M P.A.<br>33 S.E. 4TH STREET<br>STE. 102<br>BOCA RATON FL 33432 | Name: Mark Pomeranz, Esq.<br>Street Address (P.O. Box Number is Not Acceptable): 12955 Biscayne Blvd.<br>Suite 202<br>City: North Miami FL Zip Code: 33181 |

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: Mark L. Pomeranz, Esq. Reg Agent — 1/9/01
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 | PD | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | LEVY, YUVAL | | NAME | |
| STREET ADDRESS | 5492 FOX HOLLOW DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | CITY-ST-ZIP | |
| TITLE | VD | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HOUSENBOLD, ROBERTA | | NAME | |
| STREET ADDRESS | 2334 NW 60 ST | | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | | CITY-ST-ZIP | |
| TITLE | S | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | LEVY, KIM | | NAME | |
| STREET ADDRESS | 5492 FOX HOLLOW DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | CITY-ST-ZIP | |
| TITLE | D | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HOUSENBOLD, MAXIM | | NAME | |
| STREET ADDRESS | 2334 NW 60 ST | | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | | CITY-ST-ZIP | |
| TITLE | ~~SD~~ | ☑ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | ~~HOUSENBOLD, JASON~~ | | NAME | |
| STREET ADDRESS | ~~2334 NW 60 ST~~ | | STREET ADDRESS | |
| CITY-ST-ZIP | ~~BOCA RATON FL 33496~~ | | CITY-ST-ZIP | |
| TITLE | TD | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | KAUFMAN, MATANYA | | NAME | |
| STREET ADDRESS | 21474 ST ANDREWS GRAND CR | | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | CITY-ST-ZIP | |

CR2E034 (10/00)

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:** MATANYA KAUFMAN — 2/7/01 — 954-942-2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #