

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**  
 05-23-2000 90219 050 \*\*\*150.00

**DOCUMENT # P96000014998**

1. Entity Name

**WE-CARE PHARMACY AND HOME HEALTH, INC.**

Principal Place of Business

Mailing Address

~~660 N STATE RD 7~~  
~~PLANTATION FL 33317~~  
~~US~~

~~660 N STATE RD 7~~  
~~45~~  
~~PLANTATION FL 33317-2117~~  
~~US~~

2. Principal Place of Business

**4152 NORTH STATE RD**

3. Mailing Address

**4152 NORTH STATE T**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAUDERDALE LKS, FL**

City & State

**LAUDERDALE LAKES, FL**

Zip

**33319**

Country

**BROWARD**

Zip

**33319**

Country

**BROWARD**

4. FEI Number

**65-0643611**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHUCK**

**MOGBO, CHUCK PA**

**2331 NO. STATE ROAD 7 STE 124**  
**LAUDERHILL FL 33313**

7. Name and Address of New Registered Agent

Name **MOGBO, CHUCK, P.A.**

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

**2800 W. OAKLAND PK BLVD, SUITE 209**

City **OAKLAND PARK**

**FL**

Zip Code **33311**

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

*Godwin Okafor* **GODWIN OKAFOR**

**4-28-00**

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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **OKAFOR, GODWIN N DR**  
 CITY-ST-ZIP **1007 SW 104 WAY**  
**PEMBROKE PINES FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

*Godwin Okafor* **GODWIN OKAFOR** **4/28/00** **954-484-6066**