

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90046 025 ***150.00

DOCUMENT # P96000043739

1. Entity Name

SENIOR CAREGIVERS, INC.

Principal Place of Business

1881 N.E. 26TH STREET, SUITE 212
WILTON MANORS FL 33305

Mailing Address

1881 N.E. 26TH STREET, SUITE 212
WILTON MANORS FL 33305

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 65-0673448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VRANE, CHARLES A
901 N.W. 85TH TERRACE, SUITE 1425
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name CHARLES A. VRANE

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

4780 N.W. 24TH COURT # C-202

City Ft. Lauderdale,

FL

Zip Code 33313

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

TITLE DPT
NAME ANIELLO, BARBARA A
STREET ADDRESS 119 N.W. 98TH TERRACE
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE DVS
NAME VRANE, CHARLES A
STREET ADDRESS 901 N.W. 85TH TERRACE, SUITE 1425
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 22 LEXINGTON LANE WEST, APT. 6
CITY-ST-ZIP PALM BEACH GARDENS, FLORIDA 33418

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4780 N.W. 24TH COURT # C-202
CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33313

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

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

TITLE ☐ Change ☐ Addition
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: Charles A. Vrane, Vice President - CHARLES A. VRANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

954 566 7818

Daytime Phone #

CR2E034 (10/00)

024843