

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90053 030 ***150.00

DOCUMENT # P96000071577

1. Entity Name
BAR CARE, INC.

Principal Place of Business
3968 NW 89TH AVE PH
CORAL SPRINGS FL 33065

Mailing Address
3968 NW 89TH AVE PH
CORAL SPRINGS FL 33065

2. Principal Place of Business
SAA.
 Suite, Apt. #, etc.
SAA.

3. Mailing Address
SAA.
 Suite, Apt. #, etc.
SAA.

City & State

City & State

4. FEI Number **65-0694852**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAROUKH, CAREN
3968 NW 89TH AVE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **SEIDNER JACQUELINE and BAROUKH BRIGITTE**
 Street Address (P.O. Box Number is Not Acceptable)
3968 NW 89TH AVE PH.
CORAL SPRINGS FL 33065
 City **FL** Zip Code **33065**

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 **JACQUELINE SEIDNER PRESIDENT BAROUKH BRIGITTE VICE PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1/30/2002**

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, 2002 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	PVST <input checked="" type="checkbox"/> Delete
NAME	BAROUKH, CAREN
STREET ADDRESS	968 NW 89TH
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BAROUKH, CAREN
STREET ADDRESS	3968 N 89 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	JACQUELINE SEIDNER
STREET ADDRESS	3968 NW 89TH FL 33065
CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete
NAME	BAROUKH BRIGITTE
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	<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	
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 REQUIRED
CAREN BAROUKH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2002 - 954-344886
 Date Daytime Phone #

CR2E034 (9/01)