

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90217 037 \*\*\*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  
**3968 NW 89 AVE**  
Suite, Apt. #, etc.  
**P.H.**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
**SAME**

City & State  
**CORAL SPRINGS FL**  
Zip  
**33065**  
Country  
**Broward**

City & State  
**SAME**  
Zip  
**SAME**  
Country  
**SAME**

4. FEI Number **65-0694852**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEIDNER JACQUELINE & BAROUKH BRIGITTE**  
**3968 NW 89TH AVE**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name  
**SEIDNER JACQUELINE & BRIGITTE BAROUKH**  
Street Address (P.O. Box Number is Not Acceptable)  
**3968 NW 89 AVE P.H.**  
**CORAL SPRINGS**  
City  
**C.S.** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**SEIDNER, JACQUELINE** ☐ Delete  
**3968 NW 89 AVE**  
**CORAL SPRINGS FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**BAROUKH, BRIGITTE** ☐ Delete  
**3968 N 89 AVE**  
**CORAL SPRINGS FL 33065**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT** ☒ Change ☐ Addition  
**SEIDNER JACQUELINE**  
**3968 NW 89 AVE CS FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT** ☒ Change ☐ Addition  
**BAROUKH BRIGITTE**  
**3968 N W 89 AVE CS FL 33065**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIG Brigitte Baroukh**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/03** **854.344-8886**  
Date Daytime Phone #

CR2E034 (10/02)