

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

METCARE IV, INC.

FILED

00 JUN 16 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

500 AUSTRALIAN AVENUE S. SUITE 1000
W. PALM BEACH, FL 33401

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

Applied For

65-0710916

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOEL J. GUILLAMA
5100 TOWN CENTER CIRCLE, SUITE 560
BOCA RATON, FLORIDA 33486-1008

Name

LAZARO J. MUR, ESQUIRE

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

2665 S. BAYSHORE DRIVE

SUITE 703

City

COCONUT GROVE

06/20/00 01016-001

***2391.35 FL ***158.00

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

LAZARO J. MUR, ESQUIRE

6/1/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NOEL J. GUILLAMA
STREET ADDRESS 5100 TOWN CENTER CIRCLE S/560
CITY-ST-ZIP BOCA RATON, FL 33486

☒ Delete

TITLE VDS
NAME DONALD COHEN
STREET ADDRESS 5100 TOWN CENTER CIRCLE S/560
CITY-ST-ZIP BOCA RATON, FL 33486

☒ 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

TITLE PD
NAME FRED STERNBERG
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

☐ Change

☒ Addition

TITLE V
NAME DEBBIE FINNEL
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

☐ Change

☒ Addition

TITLE D
NAME MICHAEL CAHR
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

☐ Change

☒ Addition

TITLE D
NAME PAUL PRESTE
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

☐ Change

☒ Addition

TITLE D
NAME MARVIN HEIMAN
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

☐ Change

☒ Addition

TITLE ST
NAME DAVID GARTNER
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

☐ Change

☒ Addition

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 another like empowered.

SIGNATURE:

DAVID GARTNER

4/25/00

561 805-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

ATTACHMENT

DACH# P96000078615 P9912042

P96000078615

~~12233~~

ADDITIONAL OFFICERS FOR METCARE IV, INC.

D
MARK GERSTENFELD
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401

D
KARL SACHS
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401