

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090243

1. Entity Name

ALLCARE SURGICAL INSTRUMENT REPAIR, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90022 044 \*\*\*150.00

Principal Place of Business

4250 SOUTHWEST 141 AVENUE  
 BOX 62  
 MIRAMAR FL 33027

Mailing Address

4250 SOUTHWEST 141 AVENUE  
 BOX 62  
 MIRAMAR FL 33027-3040

2. Principal Place of Business

4250 SW 141ST AVENUE

Suite, Apt. #, etc.

3. Mailing Address

4250 SW 141ST AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR

City & State

MIRAMAR

4. FEI Number

65-0723464

Applied For

Not Applicable

Zip

FL

Country

33027

Zip

FL

Country

33027

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTHCHILD, WILLIAM S  
 4250 SW 141ST ST BOX 62  
 MIRAMAR FL 33027

Name

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

City

FL

Zip Code

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, 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 ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

DPST  
 ROTHCHILD, WILLIAM  
 4250 SOUTHWEST 141 AVE, BOX 62  
 MIRAMAR FL 33027

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

VM ST  
 ROTHCHILD, SUSAN F  
 4250 SW 141ST AVENUE, BOX 62  
 MIRAMAR FL 33027

TITLE ☐ Delete

NAME

STREET ADDRESS

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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:

*William S. Rothchild*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 954-432-5282

CR2E034 (9/99)