

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90362 003 \*\*\*150.00

**DOCUMENT # P96000092343**

1. Entity Name

**CREW CARE INCORPORATED**



Principal Place of Business

**244 SW 21 ST  
 FT LAUDERDALE FL 33315**

Mailing Address

**757 SE 17 ST STE 703  
 FT LAUDERDALE FL 33316  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**33315**

**USA**

**33316**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERUBE, JEAN EMILY**

**244 SW 21ST ST**

**FORT LAUDERDALE FL 33315**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **BERUBE, JEAN EMILY**  
 STREET ADDRESS **244 SW 21 ST**  
 CITY-ST-ZIP **FT LAUD FL 33315**

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

TITLE **VD** ☒ Delete  
 NAME **BERUBE, PAUL NORMAND**  
 STREET ADDRESS **244 SW 21 ST**  
 CITY-ST-ZIP **FT LAUD FL 33315**

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

TITLE **SD** ☒ Delete  
 NAME **KLINGER, IRENE BETTY**  
 STREET ADDRESS **244 SW 21 ST**  
 CITY-ST-ZIP **FT LAUD FL 33315**

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

TITLE **TD** ☒ Delete  
 NAME **BERUBE, PAUL NORMAND**  
 STREET ADDRESS **244 SW 21 ST**  
 CITY-ST-ZIP **FT LAUD FL 33315**

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

TITLE ☐ Delete  
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 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

*Signature of Jean Emily Berube*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02

Date

954318-2739

Daytime Phone #

CR2E034 (9/01)

Attachment

DOC # PG60000 92343  
121148

To: Florida Dept. of State

Re: Filing fees

I apologize for my tardiness in filing and paying the 150.00 fee. Enclosed is a check for 150.00 for Crew Care Inc. In the past year, I had many changes personally and this affected my business. I was unable to take care of the filing fee in time.

I cared for my Mother who had cancer and ultimately passed away. Paul Berube and I divorced also. Again, I apologize for being late with the fee, but I cannot afford the 550.00 and hope that this will be okay with you.

Please accept my check in good faith. Thank you very much.

Kind Regards,

Jeanie Berube  
President  
Crew Care Inc.