

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

11-98-01

DOCUMENT # P97000000443

1. Entity Name
MED-CARE SUPPLY, INC.

FILED

00 JUL 14 PM 3:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3320 NE 34ST.
FT. LAUDERDALE FL 33308
US

Mailing Address
3400 GALT OCEAN DR
STE 1903 S
FT LAUDERDALE FL 33308-7025
US

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

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

City & State

Zip Country

4. FEI Number **65-0717023**
Applied For
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
TARPEY, VICTORIA
3400 GALT OCEAN DR.
STE 1903 S
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
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 *Victoria Tarpey*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TARPEY, VICTORIA 3400 GALT OCEAN DR STE 1903 S FORT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Deleted <input type="checkbox"/> Delete TARPEY, RONALD 3400 GALT OCEAN DR STE 1903 S FORT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Victoria Tarpey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
Date

KE
Daytime Phone #

11-98-01

MED-CARE SUPPLY, INC.

3320 N.E. 34TH STREET
FORT LAUDERDALE, FL. 33308
PHONE: (954) 564-5616
FAX: (954) 564-3088

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July 10, 2000

TO WHOM IT MAY CONCERN:

Enclosed please find our check for \$150.00 for uniform business report, document
:P97000000443.

We are very sorry for filing this document late, but it was due to the fact that one of
the officers, Ronald Tarpey has passed away and everything was in probate until
now.

We would greatly appreciate it if you could wave the late fee.

Respectfully,



Frank Schiero
Manager