2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030751 1. Entity Name QUALCARE INVESTMENTS, INC.					Secretary of State 08-20-2001 90077 025 ***550.00			
Principal Plac 1990 NE 163Ri MIAMI FL 3316 US	D ST #108	Mailing Address 1990 NE 163RD ST #108 MIAMI FL 33162 US						
	lace of Business. 5 COILINS AVE.	3. Mailing Address 10205 Collins AVE				. 111 111	III 00III 100B? 1	86181 1485 1881
S uito , Apt. 7 <i>01</i>	# , ets .	S uite, A pt. # , etc . 701			DO NOT WRITE IN THIS SPACE			
BAL State	HARBOUR FL	BAL HARBOUR FL		7 .	4. FEI Number 65-0747877 Applied For Not Applicable			
3315	54 USA	33154	Country S A	5. (Certificate of Status Des		8.75 Add ee Require	
	6. Name and Address of Current F	legistered Agent	Name	7. N	Name and Address of N		gent	ا د درسیسر را درس
ZADEH, JAMES				Street Address (P.O. Box Number is Not Acceptable)				
1990 NE 1 SUITE: 108			10	10205 COLLINS AVE ADT 701				
MIAMI FL				CITY BAL HARBOUR FL ZISS 154				
8. The above	named entity submits this statement for	the purpose of changing its re				of Florida.	,	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signat	ure required when re	pinstating)	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 \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta		e \$750.00				
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO		DIRECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZADEH, JAMES 1990 NE 183RD ST #103 MIAMI FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10205	H, JAMES COLLINS AVE HARBOUR	5 APT 70	/	Municon (
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13. I hereby of indicated of the correction of t	certify that the information supplied with on this report or supplemental report is poration or the receiver or rustee empor or on an attachment with an edge.	this filing does not qualify for the fire and accurate and that my pered to execute the report as fith at other the employment.	signature shall h s required by Cha	ted in Section lave the same apter 607, Flori	119.07(3)(i), Florida Stat legal effect as if made u da Statutes; and that my	nder oath; that I ar name appears in	n an officer Block 11 or	or director r Block 12 if