

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90301 017 ***150.00

DOCUMENT # P97000034284

1. Entity Name
PRIVATE CARE CARD INC.

Principal Place of Business

Mailing Address

50 N.W. 51ST PLACE
 SUITE 3
 MIAMI FL 33126

50 N.W. 51ST PLACE
 SUITE 3
 MIAMI FL 33126-5048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number

65-0745652

Applied For

Not Applicable

Zip

Country

Zip

Country

33173

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PENA, HECTOR M
5368 S.W. 90TH COURT
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name **PENA, HECTOR M**

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

6831 SW 95 AVE

City **MIAMI**

FL

Zip Code

33173

8. The above named entity subscribes to 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.

HECTOR M. PENA / PRESIDENT

4/27/00

(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 **PSD** ☐ Delete
 NAME **PENA, HECTOR M**
 STREET ADDRESS **6881 SW 95 AVE**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **PSD** ☒ Change ☐ Addition
 NAME **PENA, HECTOR M**
 STREET ADDRESS **6831 SW 95 AVE**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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, without other like empowered.

SIGNATURE:

 **HECTOR M. PENA**

Date

Daytime Phone #

4-27-00 305/5299/90