

2000 UNIFORM BUSINESS REPORT (UBR)

05-24-2000 0004 002 ***550.00
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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DOCUMENT # P98000001398

1. Entity Name
WHEELCARE, INC.

Principal Place of Business
 1313 SE 5TH COURT
 DANIA FL 33004

Mailing Address
 1313 SE 5TH COURT
 DANIA FL 33004-5405

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

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

City & State
 City & State

Zip
 Country

REINSTATEMENT 00-01

4. FEI Number
 65-0803662

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

6. Name and Address of Current Registered Agent

MAFFEI & MAFFEI, P.A.
 633 SOUTHEAST 3RD AVENUE
 SUITE 4R
 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Denise Irsino

Street Address (P.O. Box Number is Not Acceptable)
 10236 NW 47th ST

City
 Sunnyvale FL 33357

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 *Denise Irsino*
 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. ☐ **FILE NOW!!** After MAY 1, 2001 Fee will be \$550.00 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 CALVANO, LARRY 1313 SE 5TH COURT DANIA FL 33004 DIRECTOR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jami Calvano 1313 SE 5th Ct Dania Beach FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	297.50-Adm 61.25 AR	<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
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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: *LARRY CALVANO*
 Signature and typed or printed name of signing officer of DIRECTOR Date: 5-17-01 Daytime Phone #: 954-741-0911