

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90015 036 ***150.00

DOCUMENT # P98000041712

1. Entity Name

PRIMARY CARE PLUS +, INC.

Principal Place of Business

**3107 W. HALLANDALE BEACH BLVD
 103
 HALLANDALE BEACH FL 33009**

Mailing Address

**3107 W. HALLANDALE BEACH BLVD
 103
 HALLANDALE BEACH FL 33009**

2. Principal Place of Business

3. Mailing Address

2061 NW 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106

City & State

Boca Raton, Florida

Zip

Country

Zip

Country

33431

USA

4. FEI Number

65-0834170

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

7. Name and Address of New Registered Agent

**DICAPUA, JOSEPH
 250 SW 15TH AVE
 BOCA RATON FL 33134**

Name

Lisa Di Capua

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

398 SW 8th Street

Apt 7

City

Boca Raton

FL

Zip Code

33486

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSTD
 DICAPUA, JOSEPH
 702 WEST ATLANTIC AVENUE
 DEL RAY BEACH FL 33444** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Chairman of the Board
 Joseph Di Capua
 250 SW 15th Avenue
 Boca Raton, FL 33486** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 CHAISTEN, IGDAIS R
 10641 SW 37TH PL
 DAVIE FL 33328** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**President/Treasurer
 Lisa Di Capua
 398 SW 8th Street #7
 Boca Raton, FL 33486** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 CHRISTEN, IVORY J
 10641 SW 37TH PL
 FORT LAUDERDALE FL 33328-1310** ☒ Delete

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

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☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J Di Capua 8/26/01 954-4072
 Date Daytime Phone #

CR2E034 (5/01)

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Mailing Address

3107 W. HALLANDALE BEACH BLVD
103
HALLANDALE BEACH FL 33009

attachment
B0062614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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4. FEI Number 65-0834170

Applied For

Not Applicable

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Name

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CITY-ST-ZIP
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DAVIE FL 33328 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHRISTEN, IVORY J
10641 SW 37TH PL
FORT LAUDERDALE FL 33328-1310 ☐ Delete

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

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SIGNATURE:

Joseph J DiCapua Joseph J DiCapua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 954-894-4072

Date Contact Phone #