

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054275

1. Entity Name
HOME CARE INVESTORS, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90046 029 ***150.00

Principal Place of Business
5950 WEST OAKLAND PARK BLVD. #209
LAUDERHILL FL 33313

Mailing Address
5950 WEST OAKLAND PARK BLVD. #209
LAUDERHILL FL 33313

5950 W. OAKLAND PKBLVD

2. Principal Place of Business
BROWARD COUNTY

3. Mailing Address
5950 W. OAKLAND PKBLVD

Suite, Apt. #, etc.
#209

Suite, Apt. #, etc.
#209 LAUDERHILL

City & State
LAUDERHILL FL 33435

City & State
FL 33435

Zip
33435

Country
USA

Zip
33435

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMEN, JANE B
5950 W OAKLAND PK BLVD
#209
LAUDERHILL FL 33313

Name
JANE B. SUMEN

Street Address (P.O. Box Number is Not Acceptable)
5950 W. OAKLAND
#209

City
LAUDERHILL

State
FL

Zip Code
33435

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE *Jane B. Sumen*

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D GERSTLE, MARK 19495 BISCAYNE BLVD. #705 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILNER, DAVID M.D. 1100 N.W. 95TH AVENUE PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHER, JUDY 8100 S.W. 24TH STREET #106 NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMEN, JANE B 11 RIDGE BOULEVARD OCEAN RIDGE FL 33435	<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"/> 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: *Jane B. Sumen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01 954-485-4006

Date Daytime Phone #

CR2E034 (10/00)