

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087083

1. Entity Name

MEDCARE THERAPY CENTER, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90148 028 ***150.00

Principal Place of Business

Mailing Address

13550 SW 88 ST.
#280
MIAMI FL 33186

13825 W 88 ST.
PMB #185
MIAMI FL 33186-1300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0868229

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JIMENEZ, KARLA
12225 S.W. 119TH TERRACE
MIAMI FL 33186

Name

Karla Jimenez

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

13550 SW 88 ST Suite #280

City

Miami

FL

Zip Code

33186

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

Karla Jimenez

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

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 ☐ Delete
NAME **D**
STREET ADDRESS **JIMENEZ, KARLA**
CITY-ST-ZIP **12225 S.W. 119TH TERRACE**
MIAMI FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE:

Karla Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/00

(305)388-6115

CR2E034 (9/99)