

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #

P98000100682

1. Entity Name

METCARE IX, INC.

FILED

00 JUN 16 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

500 AUSTRALIAN AVENUE S. SUITE 1000
W. PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0879016

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

NOEL J. GUILLAMA
5100 TOWN CENTER CIRCLE, SUITE 560
BOCA RATON, FLORIDA 33486-1008

Name

LAZARO J. MUR, ESQUIRE

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

2665 S. BAYSHORE DRIVE

City

COCONUT GROVE

FL

Zip Code

33133

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

LAZARO J. MUR, ESQUIRE

DATE

6/1/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	NOEL J. GUILLAMA	5100 TOWN CENTER CIRCLE S/560	BOCA RATON, FL 33486	<input checked="" type="checkbox"/>
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
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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	FRED STERNBERG	500 AUSTRALIAN AVENUE S.	W. PALM BEACH, FL 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	DEBBIE FINNEL	500 AUSTRALIAN AVENUE S.	W. PALM BEACH, FL 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MICHAEL CAHR	500 AUSTRALIAN AVENUE S.	W. PALM BEACH, FL 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MARVIN HEIMAN	500 AUSTRALIAN AVENUE S.	W. PALM BEACH, FL 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PAUL PRESTE	500 AUSTRALIAN AVENUE S.	W. PALM BEACH, FL 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST	DAVID GARTNER	500 AUSTRALIAN AVENUE S.	W. PALM BEACH, FL 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

DAVID GARTNER

4/25/00

561 805-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

ATTACHMENT

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ADDITIONAL OFFICERS FOR METCARE IX, INC.

D
MARK GERSTENFELD
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401

D
KARL SACHS
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401