

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000007555**1. Entity Name
FLORIDA MOBILE FOOT CARE INC.

Principal Place of Business	Mailing Address
9900 WEST SAMPLE ROAD	1900 EAGLE TRACE BLVD E
SUITE 330	
CORAL SPRINGS FL	CORAL SPRINGS FL
33075	33071

2. Principal Place of Business	3. Mailing Address
101 NORTH STATE RD. 7	101 NORTH STATE ROAD 7

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 111	SUITE 111

City & State	City & State
MARGATE FL	MARGATE FL

Zip	Country	Zip	Country
33063		33063	

4. FEI Number	Applied For
65-0895453	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

LAZARUS LESLIE J
1900 EAGLE TRACE BLVD E

CORAL SPRINGS FL
33071 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	TREA	<input type="checkbox"/> Delete
NAME	LAZARUS LESLIE J	
STREET ADDRESS	1900 EAGLE TRACE BLVD EAST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	LAZARUS LESLIE J	
STREET ADDRESS	1900 EAGLE TRACE BLVD EAST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: LESLIE LAZARUS**MRS 04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)