

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90123 002 ***150.00

DOCUMENT # P99000027132

1. Entity Name
WOMEN'S BREAST CARE CENTER, INC.

Principal Place of Business
1630 S CONGRESS AVENUE
SUITE 202
PALM SPRINGS FL 33461

Mailing Address
1630 S CONGRESS AVENUE
SUITE 202
PALM SPRINGS FL 33461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1630 S. Congress Ave.
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address

1630 S. Congress Ave.
 Suite, Apt. #, etc.
Suite 200

City & State
Palm Springs FL
 Zip
33461
 Country
Palm Beach

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4. FEI Number **65-0909841**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACLAUSTRA, YVETTE MD
1630 S CONGRESS AVENUE
PALM SPRINGS FL 33461

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 13, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACLAUSTRA, YVETTE MD 1630 S CONGRESS AVENUE PALM SPRINGS FL 33461	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-23-02** Daytime Phone # **561-965-1100**

CR2E034 (4/02)

Department of State.
RE: Uniform Business Report
Sept. 23, 2002

Attachment
873899

999000027132

To whom it may concern;

Today I called The Department of State, UBR Division because we received for the first time the 2002 UBR Renewal, it was been sent to suite 202 instead of suite 200, The people on suite 202 brought me the application on Sept. 20th. The Department told me to write a letter explaining what happened and to send them \$150.00 Today.

I already changed the suite # in the application. If you need any other information, please call me at 561-965-1100.

Thanks for your time
Sincerely,

