

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90199 013 \*\*\*150.00

**DOCUMENT # P99000028770**

1. Entity Name

**WE CARE OF THE TREASURE COAST, INC.**

Principal Place of Business  
**2252 SE MCMASTER STREET**  
**PORT SAINT LUCIE FL 34952**

Mailing Address  
**3340 SE FEDERAL HIGHWAY**  
**209**  
**STUART FL 33497-4900**

2. Principal Place of Business

3. Mailing Address

**1532 SE Village Green Dr.**  
 Suite, Apt. #, etc.

**Same as Principal**

Unit P

place of Business

City & State

City & State

**PSL, FL 34952**

Zip

Country

Zip

Country

4. FEI Number

**65-0915285**

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

**BARAKOS, HARALAMBOS**  
**3340 SE FEDERAL HIGHWAY # 209**  
**STUART FL 33497-4900**

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

Signature, typed or printed name of registered agent, if applicable.

(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 \$150.00**  
**After May 1, 2002 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME

**PD**  
**BARAKOS, HARALAMBOS**  
**2252 SE MCMASTER ST**  
**PORT SAINT LUCIE FL 34952**

☒ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**TD**  
**BARAKOS, ARTHUR**  
**5028 MONTEREY LANE**  
**DELRAY BEACH FL 33484**

☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**VPO**  
**BARAKOS, PAULA**  
**2252 SE MCMASTER ST**  
**PORT SAINT LUCIE FL 34952**

☒ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**STUART FL**

☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**STUART FL**

☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**STUART FL**

☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**P (New address)**  
**Barakos, Haralambos**  
**1532 SE Village Green Dr. Unit P**  
**PSL, FL 34952**

☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**T- Arthur Barakos**  
**5028 Monterey Lane**  
**Delray Bch. FL 33484**

☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**V (new address)**  
**Paula Barakos**  
**1532 SE Village Green Unit P**  
**PSL, FL 34952**

☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**PSL, FL 34952**

☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**PSL, FL 34952**

☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**PSL, FL 34952**

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02 772-398-0845**

Date

Daytime Phone #

CR2E034 (9/01)