

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043396

1. Entity Name

PRO-CARE, W.M.S., INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90145 032 ***150.00

Principal Place of Business

6610 NW 75 PLACE
PARKLAND FL 33067

Mailing Address

6610 NW 75 PLACE
PARKLAND FL 33067-3939

2. Principal Place of Business

6610 NW 75 Place

3. Mailing Address

6610 NW 75 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Parkland Florida

City & State

Parkland, FLA

4. FEI Number

650916835

Applied For

Not Applicable

Zip

Country

33067 Broward

Zip

Country

33067 Broward

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

BARBARA STRONG CPA
3401 NW 202 STREET
MIAMI FL 33056-1722

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 and title 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, 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 PD ☐ Delete
NAME PIEGARI, CAROL A
STREET ADDRESS 6610 NW 75 PLACE
CITY-ST-ZIP PARKLAND FL 33067

TITLE AD ☐ Change ☐ Addition
NAME PIEGARI, CAROL A
STREET ADDRESS 6610 NW 75 PLACE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Carol A. Piegari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00

CR2E034 (9/99)