

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043421

1. Entity Name

A CARE MANAGER OF SOUTH FLORIDA, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90122 042 ***150.00

Principal Place of Business

4010 NW 23RD COURT
COCONUT CREEK FL 33066

Mailing Address

4010 NW 23RD COURT
COCONUT CREEK FL 33066

00052509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4856 N.W. 22nd Street

3. Mailing Address

4856 N.W. 22nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

Coconut Creek, FL

4. FEI Number

65-0769227

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAFFER, LUCERO
4010 NW 23RD COURT
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name SCHAFFER, LUCERO

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

4856 N.W. 22nd Street

City Coconut Creek FL

Zip Code 33063

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, 2001 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

TITLE D ☐ Delete
NAME SCHAFFER, LUCERO
STREET ADDRESS 4010 NW 23RD COURT
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Lucero Schaffer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/01

Daytime Phone #

800-788-7290

CR2E034 (10/00)