

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90094 048 ***150.00

DOCUMENT # P99000051768

1. Entity Name

QUAL-CARE, INC.

Principal Place of Business

Mailing Address

**10191 SUNSET DRIVE
MIAMI FL 33173**

**10191 SUNSET DRIVE
MIAMI FL 33173-3009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 441206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number

65-0925338

Applied For

Not Applicable

Zip

Country

Zip

Country

33144-1206

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

**DE LA TORRE, ROSA
10191 SUNSET DRIVE
MIAMI FL 33173**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE LA TORRE, ROSA 10191 SUNSET DRIVE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Daytime Phone #

1/21/00 (305) 269-9788

CR2E034 (9/99)