

2001 UNIFORM BUSINESS REPORT (UBR)

0282105

DOCUMENT # P99000065954

1. Entity Name

METCARERX.COM, INC.

FILED

01 APR 26 AM 7:49

Principal Place of Business

500 AUSTRALIAN AVENUE S.
SUITE 1000
WEST PALM BEACH FL 33401

Mailing Address

500 AUSTRALIAN AVENUE S.
SUITE 1000
WEST PALM BEACH FL 33401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

MUR, LAZARO J ESQUIRE
2665 S. BAYSHORE DRIVE
SUITE 703
COCONUT GROVE FL 33133

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.

(NOT: Registered Agent's 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
After MAY 1, 2001 Fee IS \$150.00
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
NAME STERNBERG, FRED
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GERSTENFELD, MARK
STREET ADDRESS 5100 TOWN CENTER CIRCLE, STE. 560
CITY-ST-ZIP BOCA RATON FL 33486-1008

TITLE D
NAME GERSTENFELD, MARK
STREET ADDRESS 500 AUSTRALIAN AVE. SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V
NAME FINNEL, DEBBIE
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CAHR, MICHAEL
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PRESTE, PAUL
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HEIMAN, MARVIN
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
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 I, as 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

DAVID S. GARTNER

Date

Daytime Phone #

4/2/01

561 905-8500

CR2E034 (10/00)