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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071449

1. Entity Name

METCARELABS.COM, INC.

FILED

00 JUN 16 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
500 AUSTRALIAN AVENUE S. SUITE 1000 W. PALM BEACH, FL 33401	500 AUSTRALIAN AVE S. SUITE 1000 W. PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOEL J. GUILLAMA
5100 TOWN CENTER CIRCLE S/560
BOCA RATON, FLORIDA 33486-1008

7. Name and Address of New Registered Agent

Name: LAZARO J. MUR, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): 2665 S. BAYSHORE DRIVE

SUITE 703 200003296382--7
-06/20/00--01016-001

City: COCONUT GROVE ***2391.25 FL ***158.00 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: LAZARO J. MUR, ESQUIRE DATE: 6/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOEL J. GUILLAMA 5100 TOWN CENTER CIRCLE S/560 BOCA RATON, FLORIDA 33486-1008	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRED STERNBERG 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK GERSTENFELD 5100 TOWN CENTER CIRCLE S/560 BOCA RATON, FLORIDA 33486-1008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK GERSTENFELD 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEBBIE FINNEL 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL CAHR 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARVIN HEIMAN 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL PRESTE 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401	☐ Change ☑ Addition

CR2E034 (9/99)

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: DAVID GARTNER 4/25/00 561 805-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
DOC# P99000071449

ADDITIONAL OFFICERS FOR METCARELABS.COM, INC.

S/T
DAVID GARTNER
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401

D
KARL SACHS
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401