

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 06, 2000 8:00 am
Secretary of State

05-12-2000 90069 005 ***150.00

DOCUMENT # P99000075660

1. Entity Name

BEST CARE AGENCY, INC.

Principal Place of Business

1857 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

Mailing Address

1857 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311-1517

2. Principal Place of Business

310 S NE 1st AVE

Suite, Apt. #, etc.

3. Mailing Address

310-S NE 1st AVE

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Hallandale FL

4. FEI Number

65-0944146

Applied For

Not Applicable

Zip

33009

Country

Broward

Zip

33009

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FONTAINE, RAYMOND

1857 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Fontaine, Raymond

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

310-S NE 1st AVE

City
Hallandale

FL

Zip Code

33009

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

Raymond Fontaine, President
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

TITLE	D	<input type="checkbox"/> Delete
NAME	FONTAINE, RAYMOND	
STREET ADDRESS	1857 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTOR, YANICK F	
STREET ADDRESS	1857 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTOR, SEVIGNE	
STREET ADDRESS	1857 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONTAINE, KARLYN A	
STREET ADDRESS	1857 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Raymond A. Fontaine 5/30/00 (954) 457-0446
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)