

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

FILED

00 JUN 16 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000077354

1. Entity Name

METCARE X, INC.

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 33041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

LASARO J. MUR, ESQUIRE

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

2665 S. BAYSHORE DRIVE

SUITE 703 400003296364--3

City

COCONUT GROVE

06/20/00 01016-001
***2391.25 ***153.00

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

6/1/00

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

TITLE PD ☒ Delete
NAME NOEL J. GUILLAMA
STREET ADDRESS 5100 TOWN CENTER CIRCLE S/560
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D ☒ Delete
NAME JEFF SAGE
STREET ADDRESS 5100 TOWN CENTER CIRCLE S/560
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE PD ☐ Change ☒ Addition
NAME FRED STERNBERG
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE V ☐ Change ☒ Addition
NAME DEBBIE FINNEL
STREET ADDRESS 500 AUSTRALIA AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE D ☐ Change ☒ Addition
NAME MICHAEL CAHR
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE D ☐ Change ☒ Addition
NAME MARVIN HEIMAN
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE D ☐ Change ☒ Addition
NAME PAUL PRESTE
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE ST ☐ Change ☒ Addition
NAME DAVID GARTNER
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP W. PALM BEACH, FL 33401

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

DAVID GARTNER

4/25/00

Date

561 805-8500

Daytime Phone #

CR2E034 (9/99)

ATTACHMENT

Doc# P99000077356

PAGE 2 OF 2

ADDITIONAL OFFICERS FOR METCARE X, INC.

D
MARK GERSTENFELD
500 AUSTRALIAN AVENUE S.
W. PALM BEACH, FL 33401

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