

2001 UNIFORM BUSINESS REPORT (UBR)

0281049

DOCUMENT # P99000077356

1. Entity Name
METCARE X, INC.

FILED

01 MAY 21 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-1108114** **APPLIED FOR**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MUR, LASARO J ESQUIRE
2665 S BAYSHORE DRIVE
SUITE 703
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STERNBERG, FRED	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	FINNEL, DEBBIE	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAHR, MICHAEL	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEIMAN, MARVIN	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESTE, PAUL	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARTNER, DAVID	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

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
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
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: *[Handwritten Signature]* **4/2/01** **561 805-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)