

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077356

1. Entity Name
METCARE X, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1108114

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, LASARO J ESQUIRE
2665 S BAYSHORE DRIVE
SUITE 703
COCONUT GROVE FL 33133

Name: Fred Sternberg
Street: 500 Australian Ave. So.
Suite 1000
City: West Palm Beach, FL 33401
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]*
Signature, typed or printed name of registered agent and fee 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, 2002 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	<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 checked="" type="checkbox"/> Delete
NAME	CAHR, MICHAEL	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEIMAN, MARVIN	
STREET ADDRESS	500 AUSTRALIAN AVENUE S	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" 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	

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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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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF.

Fred Sternberg

4-25-02 561-805-8500

Date

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90470 001 *2,100.00

33680



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)