2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90026 029 ***150.00

040879 AV

DOCUMENT # P99000095657

1. Entity Name
DEBCAR, INC.

Principal Place of Business	Mailing Address
5030 CHAMPION BLVD., SUITE 6-172 BOCA RATON FL 33496	5030 CHAMPION BLVD., SUITE 6-172 BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5030 Champion Blvd.	5030 Champion Blvd.
Suite, Apt. #, etc.: #6-172	Suite, Apt. #, etc.: #6-172
City & State: Boca Raton	City & State: Boca Raton
Zip: 33496 Country:	Zip: 33496 Country:

4. FEI Number 65-0958197 ☐ 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
JOSE KORAEGALE SJD PA. 7301A W PAMERIO PARICO 305C BOCA RATON FL 33433	Name: JOEL KORNBERG, MD, JD, PA Street Address (P.O. Box Number is Not Acceptable): 7301A W PALMETTO PARK RD 305C City: BOCA RATON FL Zip Code: 33433

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 President, Joel Kornberg, MD, JD, PA 3/1/02
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, 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	PVPS ☐ Delete	TITLE	P/VP/S/T ☒ Change ☐ Addition
NAME	POLERA, DEBRA	NAME	Polera, Debra
STREET ADDRESS	5030 CHAMPION BLVD., SUITE 6-172	STREET ADDRESS	5030 Champion Blvd., #6-172
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	Boca Raton FL 33496
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: By: Debra Polera Debra Polera Pres. 01.30.02 561.994.9227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #