

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096660

1. Entity Name

PAWCARE, CORPORATION

Principal Place of Business

16336 SHADOW COURT  
MIAMI FL 33014

Mailing Address

16336 SHADOW COURT  
MIAMI FL 33014-6050

2. Principal Place of Business

6043 NW 167 STREET

Suite, Apt. #, etc.

SUITE A-9

City & State

MIAMI, FLORIDA

Zip

33015

Country

USA

3. Mailing Address

6043 NW 167 STREET

Suite, Apt. #, etc.

SUITE A-9

City & State

MIAMI, FLORIDA

Zip

33015

Country

U.S.A.

6. Name and Address of Current Registered Agent

BARCEI, JOSEPH S  
16336 SHADOW COURT  
MIAMI FL 33014

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

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 ☐ Delete  
NAME D  
STREET ADDRESS BARCIE, JOSEPH  
CITY-ST-ZIP 16336 SHADOW COURT  
MIAMI FL 33014

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCGOODWIN, JAMES V  
CITY-ST-ZIP 2 WINONA LANE  
SEA RANCH LAKES FL 33308

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90165 022 \*\*\*158.75

00006429



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0958122

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

CR2E034 (9/99)