

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100129

1. Entity Name

ACTION STAR HOME CARE, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90062 018 ***150.00

Principal Place of Business

Mailing Address

965 WEST COMMERCIAL BLVD.
FT. LAUDERDALE FL

965 WEST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309-3110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE FL

FT. LAUDERDALE FL

Zip

Country

Zip

Country

33309

U.S.A.

33309

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, ROBERT
9999 COLLINS AVE., #17B
BAL HARBOUR FL 33154

Name
Robert Schwartz
Street Address (P.O. Box Number is Not Acceptable)
9999 Collins Ave #17B
City
Bal Harbour FL Zip Code
33154

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
STREET ADDRESS	Robert Schwartz	
ST-ZIP	9999 COLLINS AVE #17B	
	Bal Harbour, FL 33154	
TITLE	Vice President	<input type="checkbox"/> Delete
STREET ADDRESS	Marilyn Appel	
ST-ZIP	74 Whittier Ave.	
	Revere, Ma. 02151	
TITLE	Clerk	<input type="checkbox"/> Delete
STREET ADDRESS	Marilyn Weiner	
ST-ZIP	3 Cotton St.	
	Newton, Ma. 02458	
TITLE	Treasurer	<input type="checkbox"/> Delete
STREET ADDRESS	Claude Levy	
ST-ZIP	50 Wood Field Rd.	
	Bolton, Ma. 02178	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
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		

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 the empowered.

SIGNATURE:

Robert Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00
Date

954-772-2001
Daytime Phone #

CR2E034 (9/99)