

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # S90578**1. Entity Name
CORPORATE CARE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
900 GLADES ROAD SUITE 3B BOCA RATON 33431 US	900 GLADES ROAD SUITE 3B BOCA RATON 33431 US

2. Principal Place of Business

3. Mailing Address
900 GLADES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3B

City & State

City & State
BOCA RATON FL

Zip Country

Zip Country
33431 US4. FEI Number
65-0290237Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMESTER HELENE
900 GLADES RD THIRD FLOOR 3B

BOCA RATON FL
33431 US**7. Name and Address of New Registered Agent**Name
MESTER HELENE
Street Address (P.O. Box Number is Not Acceptable)
900 GLADES RD
#3B
City
BOCA RATON FL Zip Code
33431

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 _____ **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME KIMMEL CEIL		
STREET ADDRESS 900 GLADES RD SUITE 3B		
CITY-ST-ZIP BOCA RATON FL		
TITLE	TVPS	<input type="checkbox"/> Delete
NAME MESTER, LAURENCE		
STREET ADDRESS 900 GLADES ROAD, STE 3B		
CITY-ST-ZIP BOCA RATON FL		
TITLE	P	<input type="checkbox"/> Delete
NAME MESTER, HELENE		
STREET ADDRESS 900 GLADES ROAD, STE 3B		
CITY-ST-ZIP BOCA RATON FL		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME KIMMEL CEIL			
STREET ADDRESS 900 GLADES RD SUITE 3B			
CITY-ST-ZIP BOCA RATON FL 33431			
TITLE	TVPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME MESTER, LAURENCE			
STREET ADDRESS 900 GLADES ROAD, STE 3B			
CITY-ST-ZIP BOCA RATON FL 33431			
TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME MESTER, HELENE			
STREET ADDRESS 900 GLADES ROAD, STE 3B			
CITY-ST-ZIP BOCA RATON FL 33431			
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: Helene Mester

P

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)