

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90276 044 ***150.00

0435578 AV

DOCUMENT # S90578

1. Entity Name
CORPORATE CARE INTERNATIONAL, INC.



Principal Place of Business
**7700 CONGRESS AVE.
#1102
BOCA RATON FL 33487
US**

Mailing Address
**7700 CONGRESS AVE.
#1102
BOCA RATON FL 33487
US**



2. Principal Place of Business
7700 Congress Ave

3. Mailing Address
7700 Congress Ave

Suite, Apt. #, etc.
#1102

Suite, Apt. #, etc.
#1102

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip Country
33487 USA

Zip Country
33487 USA

4. FEI Number **65-0290237**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MESTER, HELENE
7700 CONGRESS AVE., STE 1102
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name
Mester, Helene
Street Address (P.O. Box Number is Not Acceptable)
7700 Congress Ave #1102
#1102
City **Boca Raton, FL** Zip Code **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Helene Mester, President* *Helene Mester*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/21/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☐ Delete
NAME **MESTER, HELENE**
STREET ADDRESS **7700 CONGRESS AVE., #1102**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **TVPS** ☐ Delete
NAME **MESTER, LAURENCE**
STREET ADDRESS **7700 CONGRESS AVE., #1102**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **D** ☐ Delete
NAME **KIMMEL, CEIL**
STREET ADDRESS **7700 CONGRESS AVE., #1102**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helene Mester, President* *Helene Mester, Pres* **4/21/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **561-999 9494**

CR2E034 (10/02)