

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90991 049 ***150.00

DOCUMENT # **36115**

1. Entity Name

Professional Care, Inc.

Principal Place of Business

Mailing Address

**11355 SW 84 St.
 Miami, FL 33173**

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 Miami, FL 33173**

C0058993

2. Principal Place of Business

3. Mailing Address

c/o Marc L. Faust, Esq.

c/o Marc L. Faust, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2699 S. Bayshore Dr., 7th floor

2699 S. Bayshore Dr., 7th floor

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33133

Miami-Dade

33133

Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0377674

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

**CORPCO, Inc.
 2699 S. Bayshore Drive
 7th floor
 Miami, FL 33133**

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, 2001 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 **D/P/S** ☐ Delete
 NAME **Ari Bittan**
 STREET ADDRESS **1351 N. Krome Ave.**
 CITY-ST-ZIP **Homestead, FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: **Alan Faust, as attorney at law for Ari Bittan**

4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)