FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

_	

05046387

RECEIVED MAR 1 4 2005

FORM D
NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR Prefix Serial

DATE RECEIVED

MIFORM LIMITED OFFERING EXEMPTION Name of Offering n amendment and name has changed, and indicate change.) Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): 2082 Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) caregioina Address of Executive Offices (Number and Street, City/State, Zip Code) Telephone Number (Including Area Code) (Number and Street, Sty, State, Lip Code) Address of Principal Business Operations Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business mon Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Actual or Estimated Date of Incorporation or Organization: Actual Estimated 1712 OL Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts Λ and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

l of 9

~~

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; 	
 Each promoter of the issuer, if the issuer has been organized within the past five years, Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class 	s of equity securities of the issuer
Each executive officer and director of corporate issuers and of corporate general and managing partners of partner	
Each general and managing partner of partnership issuers.	ismp issuers, and
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
2264 Clean Parkway Brooklyn, ny 11223 Business or Residence Address (Number and Street, City, State, Zip Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
BILDICI (SOPICE Full Name (Last name first, if individual)	Managing Partner
Full Name (Last name first, if individual)	
2264 Ocean Parkway, Brooklyn 1 ny 11223 Business or Residence Address (Number and Street, City, State, Zip Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Bernan, Steven Full Name (Last name first, if individual)	ivianaging raduci
· · · · · · · · · · · · · · · · · · ·	
37 DAKOTA STREET, PASSAIC 1 MJ 07055	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	Canaral and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Ton Name (East name 1113), it intolvidual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
,,,,,,,	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th	ne issuer ii	atend to se	ll, to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No 📂
				Ans	wer also in	n Appendix	, Column 2	2, if filing	under ULC	DE.			
2.	2. What is the minimum investment that will be accepted from any individual?										1000		
3.	Does the offering permit joint ownership of a single unit?									Yes	No.		
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Ful	ll Name (Last name	first, if ind	ividual)									
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)												
Na	me of As	sociated Br	oker or De	aler									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All States	or check	individual	States)			••••••	••••••			All States	
	AL. IL MT	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				·		
	(Check	"All States	or check	individual	States)			••••••	••••••••••	•••••	•••••••	☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	ll Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)						
Na	me of As	sociated Br	oker or De	aler									
Sta	ites in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	·····		••••••				☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity Series A	\$ 21250,000,00	08 1,049 1823,00
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)		
	Total	\$_0.00	<u>\$ 0.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
1	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ir	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 11049 1823.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.	•	* <u></u>
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	ne	
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	5/201.0/ //	200000000	TOCK 1 THE BAR O
	Rule 505 SECTES A	preferred	1049 823,0
	Rule 505 Secrets A Regulation A	••	1049,823,0
	Rule 504		1αK 11049 182310 \$ \$
	Rule 504 Total		1049,823,0
•	Rule 504	ne	1αK 11049 182310 \$ \$
•	Rule 504	ne is	1αK 11049 182310 \$ \$
•	Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	ne is	\$\frac{\alpha \colon 1;049}{\$,03,0}\$\$ \$\frac{\scale 0.00}{\$}\$\$
•	Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	ne is	\$\frac{\alpha \colon 1;049}{\$,03,0}\$\$ \$\frac{\scale 0.00}{\$}\$\$
•	Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	ne or .	\$\kappa \kappa \k
•	Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	ne str. str. str. str. str. str. str. str.	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
•	Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. Legal Fees Accounting Fees	ne or	\$\frac{1049}{823.0}\$ \$\frac{1049}{823.0}\$ \$\frac{1000}{8}\$
•	Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees	ne or.	\$\frac{11049}{\$23.0}\$ \$\frac{11049}{\$23.0}\$ \$\frac{1000}{\$0.00}\$ \$\frac{10000}{\$4150000}\$ \$\frac{10000}{\$5000}\$

Salarie Purcha and eq Constr Acquis offerir issuer Repay Worki Other	the below the amount of the adjusted gross proces of the purposes shown. If the amount for any the box to the left of the estimate. The total of the destroyed to the issuer set forth in response to Part (see and fees asset of real estate asset, rental or leasing and installation of mach quipment arruction or leasing of plant buildings and facilitistion of other businesses (including the value grant that may be used in exchange for the asset pursuant to a merger) arruction of indebtedness arruction of indebtedness arruction of indebtedness arruction of indebtedness arruction or leasing capital arruction of indebtedness arruction of ind	purpose is not known, fithe payments listed must et C — Question 4.b above. dinery ities e of securities involved is or securities of another	nurnish an estimate and equal the adjusted gross	Payments to Officers, Directors, & Affiliates \$900,000 \$ \$100,000,0					
Purcha and eq Constr Acquis offerir issuer Repay Worki Other	ase of real estate	ities e of securities involved is or securities of another	in this	Officers, Directors, & Affiliates \$ 900,000 \$ 100,000,0	Others Others S S S S S S				
Purcha and eq Constr Acquis offerir issuer Repay Worki Other	ase of real estate	ities e of securities involved is or securities of another	in this	□ \$ □ \$ □ \$					
Purcha and eq Constr Acquis offerir issuer Repay Worki Other	ase, rental or leasing and installation of mach quipment	itiese of securities involved is or securities of another	in this		° [\$				
and eq Constr Acquis offerir issuer Repay Worki Other	quipment ruction or leasing of plant buildings and facil sition of other businesses (including the value ng that may be used in exchange for the assets pursuant to a merger) ment of indebtedness ing capital	e of securities involved is or securities of another	in this	\$\$ \$	\$				
Acquisofferir issuer Repay Worki Other	ruction or leasing of plant buildings and facil sition of other businesses (including the valuing that may be used in exchange for the asset pursuant to a merger)	e of securities involved is or securities of another	in this	\$\$ \$	\$				
Acquisofferir issuer Repay Worki Other	sition of other businesses (including the value ing that may be used in exchange for the assets pursuant to a merger)	e of securities involved i s or securities of another	n this	\$					
Worki Other ————————————————————————————————————	ing capital			TX\$ 20,000					
Other	- ·			<u> </u>	\$				
Colum	(specify):			\$	s				
									
				\$	\$				
Total	nn Totals			\$ 0.00	\$ 0.00				
10tal i	Payments Listed (column totals added)	s_0.00							
	D. FEDERAL SIGNATURE								
signature c	has duly caused this notice to be signed by the usonstitutes an undertaking by the issuer to furnation furnished by the issuer to any non-accre	ish to the U.S. Securities	and Exchange Commi	ssion, upon writte					
Issuer (Pri	nt or Type)	Signature /		Date					
nced in	onitored caregivingiths	Muldrace		march 1	0,2005				
Name of S	igner (Print or Type)								
esim	BILdIFICI	president	and cEc	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·								

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No.				
	See Appendix, Column 5, for state response.						

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
advanced monitored curequ	ving in Norther	march	1012005
Name (Print or Type)	Title (Print or Type)		
nesim Bildirici	president and c	CEO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX i 2 3 4 5 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate to non-accredited Type of investor and explanation of offering price waiver granted) investors in State offered in state amount purchased in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No ALΑK AZAR $\mathbf{C}\mathbf{A}$ CO CT DE DC FL GA Ш ID IL IN IA KS $\mathbf{K}\mathbf{Y}$ LA ME MD MA МІ MN MS

APPENDIX 2 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors Investors** Yes No Amount Amount MO MT NE NV NH SeriesA 299,959.00 NJ preferred NM seriesA 749, 897,50 NY NC ND OH OK OR PA RISC SD TN TXUT VTVAWA WV WI

APPENDIX									
1	1 2 3			4				5	·c
	Intend to sell and aggregate to non-accredited offering price			Type of investor and				Disqualification under State ULOE (if yes, attach explanation of	
		s in State -Item 1)	offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)			waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									