

2000 UNIFORM BUSINESS REPORT (UBR)

6/9

FILED
Jul 12, 2000 8:00 am
Secretary of State

06-09-2000 90215 001 ***150.00

DOCUMENT # 22780

1. Entity Name
DEEN'S RETIREMENT HOME

Principal Place of Business
**1451 NW 20TH ST
 FT. LAUDERDALE
 FL. 33311**

Mailing Address
 [Signature]

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
592096920

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

6. Name and Address of Current Registered Agent
**KENNETH BRONCHICK, P.A.
 TRADE CENTRE SOUTH
 100 WEST CYPRESS CREEK ROAD
 SUITE 910
 FT. LAUDERDALE, FL. 33309**

7. Name and Address of New Registered Agent
 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 reappointing) 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
ARISE 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAMDAI MATADEEN 1451 NW 20TH ST. FT. LAUDERDALE, FL. 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Samdai Matadeen **5. 16. 00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Doc # F22789

Attachment
D#F22789

1067111

DEEN'S RETIREMENT HOME

1451 NW 20TH STREET
FT. LAUDERDALE, FL 33311

June 29, 2000

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

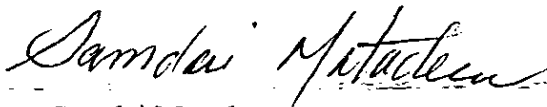
To Whom it may concern:

REF: F22789
DEEN'S RETIREMENT HOME

Please be informed that Deen's Retirement Home is returning the annual report/uniform business report with the missing corporate information. The original report was sent in on time and a check in the amount of \$150.00 for filing the corporation was cashed.

Thank you.

Yours Sincerely



Samdai Matadeen

P.S. Please note that we are requesting that the \$400 be waived, as per my discussion with Tyrone.