

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27116

1. Entity Name

SENIOR L.I.F.T. CENTER, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90079 009 ****70.00

Principal Place of Business	Mailing Address
8505 MILLS DR., R-4 TOWN & COUNTRY CENTER MIAMI FL 33183 US	8505 MILLS DR., R-4 TOWN & COUNTRY CENTER MIAMI FL 33183-4845 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-1028335	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POZEN, IRA
 9130 S. DADELAND BLVD.
 SUITE 1129
 MIAMI FL 33156

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 reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	DOBBS, RUTH
STREET ADDRESS	8000 SW 108 ST
CITY-ST-ZIP	MIAMI FL 33156
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	DOBBS, RUTH
STREET ADDRESS	8000 SW 108 ST
CITY-ST-ZIP	MIAMI FL 33156
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	TANENZAPF, HAROLD
STREET ADDRESS	6901 S.W. 147 AVE. #63A
CITY-ST-ZIP	MIAMI FL 33193
TITLE	D <input type="checkbox"/> Delete
NAME	SEGURA, PAUL
STREET ADDRESS	11060 SW 57 ST
CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, SEYMOUR
STREET ADDRESS	9401 S.W. 102 COURT
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	KINGSLEY, JOAN
STREET ADDRESS	2820 S.W. 120 ROAD
CITY-ST-ZIP	MIAMI FL 33175

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBBS, RUTH
STREET ADDRESS	8000 SW 108 St.
CITY-ST-ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE SANDS
STREET ADDRESS	6841 SW 147 Ave. 30E
CITY-ST-ZIP	Miami, FL 33193
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH LEVINE
STREET ADDRESS	13715 SW 66 St.
CITY-ST-ZIP	Miami, FL 33183
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGURA, PAUL
STREET ADDRESS	11060 SW 57 St.
CITY-ST-ZIP	Miami, FL 33173
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEANOR BURSTEIN
STREET ADDRESS	1401 S.W. 85th Court
CITY-ST-ZIP	Miami, FL 33144
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGSLEY, JOAN
STREET ADDRESS	2820 SW 120 Road
CITY-ST-ZIP	Miami, FL 33175

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 617, 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: Ruth Dobbs REMITTED DOBBS 1/14/2000 (305) 598-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)