

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91340 022 ****70.00

DOCUMENT # N27116

1. Entity Name

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

Principal Place of Business

8505 MILLS DR. R-4
 TOWN & COUNTRY CENTER
 MIAMI FL 33183
 US

Mailing Address

8505 MILLS DR. R-4
 TOWN & COUNTRY CENTER
 MIAMI FL 33183
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1028335

Applied For

Not Applicable

5. Certificate of Status Desired

\$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
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** Delete
 NAME **DOBBS, RUTH**
 STREET ADDRESS **8000 SW 108 ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **V** Delete
 NAME **SANDS, JEANNE**
 STREET ADDRESS **6841 SW 147 AVE 3-E**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE **T** Delete
 NAME **LEVINE, SARAH**
 STREET ADDRESS **13715 SW 66 ST**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** Delete
 NAME **SEGURA, PAUL**
 STREET ADDRESS **11060 SW 57 ST**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** Delete
 NAME **BURSTEIN, ELEANOR**
 STREET ADDRESS **1401 SW 85TH COURT**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** 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 **P** Change Addition
 NAME **PIERSON, JERRY G.**
 STREET ADDRESS **10000 S.W. 147th Court**
 CITY-ST-ZIP **Miami, FL 33196**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Change Addition
 NAME **SHEPARD, ROBERT**
 STREET ADDRESS **12929 S.W. 64th Court**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **STERN, MARY**
 STREET ADDRESS **8453 S.W. 137th Avenue**
 CITY-ST-ZIP **Miami, FL 33183**

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 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 *Jerry G. Pierson* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/01 305-598-3000
 Date Daytime Phone #

CR2E037 (10/00)