

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90040 018 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1028335**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	DOBBS, RUTH H	8000 SW 108 STREET	MIAMI FL 33156	<input checked="" type="checkbox"/>
V	SEQURA, PAUL	11060 SW 57TH ST	MIAMI FL 33173	<input checked="" type="checkbox"/>
T	LOEFFLER, MARY J	14828 SW 124 CT	MIAMI FL 33186	<input type="checkbox"/>
D	GOODSON, VIRGINIA	10900 SW 68 AVE RD	MIAMI FL 33156	<input type="checkbox"/>
D	STERN, MARY	8453 SW 137TH AVENUE	MIAMI FL 33183	<input type="checkbox"/>
D	KINGSLEY, JOAN	2820 S.W. 120 ROAD	MIAMI FL 33175	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Hudson, Ruth E.	10825 SW 112 AVE #110	Miami, FL 33176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y	Labaranti, Marge	371 West Park Dr. #8	Miami, FL 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Segura, Paul	11060 SW 57 STREET	MIAMI, FL 33173	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Paul Segura*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 305 598-3000
Date Daytime Phone #

CR2E037 (10/02)