

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90054 008 ****70.00

DOCUMENT # N94000002150
 1. Entity Name
SGI SUPPORTIVE HOUSING, INC.

Principal Place of Business Mailing Address
~~1/2 LOUIS STEIN/STEIN INSTITUTE~~ ~~1/2 LOUIS STEIN/STEIN INSTITUTE~~
 5200 NE 2ND AVE 5200 NE 2ND AVE
 MIAMI FL 33137 MIAMI FL 33137-2706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Stein Gerontological Institute **Stein Gerontological Institute**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5200 NE 2nd Avenue **5200 NE 2nd Avenue**
 City & State City & State
Miami, FL 33137-2706 **Miami, FL 33137-2706**
 Zip Country Zip Country

4. FEI Number Applied For
65-0492954 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~CYPEN, STEPHEN H~~
~~825 ARTHUR GODFREY RD~~
~~MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent
 Name
Bernard A. Roos
 Street Address (P.O. Box Number is Not Acceptable)
Director, Stein Gerontological Inst.
5200 NE 2nd Avenue
 City State Zip Code
Miami, FL 33137

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 *Bernard A. Roos* DATE **2/8/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D | <input type="checkbox"/> Delete |
| NAME | CYPEN, IRVING | |
| STREET ADDRESS | 825 ARTHUR GODFREY RD | |
| CITY-ST-ZIP | MIAMI BEACH FL 33130 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CYPEN, WAYNE A | |
| STREET ADDRESS | 825 ARTHUR GODFREY RD | |
| CITY-ST-ZIP | MIAMI BEACH FL 33130 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CYPEN, STEPHEN H | |
| STREET ADDRESS | 825 ARTHUR GODFREY RD | |
| CITY-ST-ZIP | MIAMI BEACH FL 33130 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BECK, HAROLD | |
| STREET ADDRESS | 700 CORAL WAY | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRADY, DAN | |
| STREET ADDRESS | 701 LINCOLN ROAD | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cypen, Wayne A. | |
| STREET ADDRESS | 825 Arthur Godfrey Rd | |
| CITY-ST-ZIP | Miami Beach, FL 33130 | |
| TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cypen, Stephen H. | |
| STREET ADDRESS | 825 Arthur Godfrey Rd | |
| CITY-ST-ZIP | Miami Beach, FL 33130 | |
| TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Beck, Harold | |
| STREET ADDRESS | 700 Coral Way | |
| CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Brady, Dan | |
| STREET ADDRESS | 701 Lincoln Road | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Bernard A. Roos* DATE: **2/8/00** DAYTIME PHONE: **(305) 751-8626**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #