


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -3 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097691 1. Entity Name Magnolia Residence Inc	
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DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4838 NW 93rd Terrace Suite, Apt. #, etc.	3. Mailing Address 4838 NW 93rd Terrace Suite, Apt. #, etc.
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33351	Country
Zip 33351	Country

4. FEI Number 56-2298179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Sugrim Seewah
Street Address (P.O. Box Number is Not Acceptable)	11491 NW 26th Street
City	Plantation
State	FL
Zip Code	33323

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sugrim R Seewah President 11491 NW 26th Street Plantation, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara J Seewah Vice President 11491 NW 26th Street Plantation, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100023490811 10/02/03--01004--023 **158.75
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other I am empowered.

SIGNATURE: Sugrim Seewah SUGRIM SEEWAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)

2/10/16

Magnolia Residence Inc



An Assisted Living Facility

Lic # AL10242

September 23, 2003

To whom it May Concern

Florida dept. Of State
Division Of Corporation
Tallahassee, FL 32314

Attn. Annual Report Section

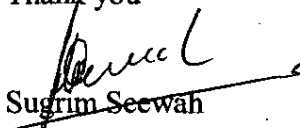
Dear Sir/Madam:

Today, I became aware that I was required to file the enclosed UBR for Magnolia Residence. I did not receive any UBR or a reminder from your Office hence I was not aware that I had to file this form. I have only realized this when my Banker told me today that Magnolia Residence has been deactivated and from a subsequent conversation I had with your office I was given the reason for the deactivation.

I apologize for this oversight and can assure you that had I received the UBR from your office or was aware that the UBR is due I would have filed it.

In light of the above I would appreciate if you could waive the penalty in this instance.

Thank you


Sugrim Secwah

President

4838 NW 93rd Terrace, Sunrise, Fl 33351
Tel 954-748-6996