## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGN/TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 20, 2001 8:00 am Secretary of State DOCUMENT # P9400000238 HELEN HOMES OF KENDALL CORPORATION 03-20-2001 90067 014 \*\*\*150.00 Principal Place of Business Mailing Address 11355 SW 84TH ST 11355 SW 84TH ST MIAMI FL 33173 MIAMI FL 33173 UUURIUUI 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0463896 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPCO INC Street Address (P.O. Box Number is Not Acceptable) 2699 S BAYSHORE DR 7TH FLOOR **MIAMI FL 33133** Zip Code FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10.-Election Campaign Financing-\$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE SHAHAM, JACOB NAME STREET ADDRESS STREET ADDRESS 11355 SW 84TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change ☐ Addition TITLE ☐ Delete TITLE SHAHAM, HELEN NAME NAME STREET ADDRESS 11355 SW 84TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET-AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #