

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90067 037 \*\*\*150.00

**DOCUMENT # P97000024858**

1. Entity Name

**SENIOR HOMEOWNERS FINANCIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

7771 WEST OAKLAND PARK BLVD  
 SUITE 130  
 SUNRISE FL 33351  
 US

7771 WEST OAKLAND PARK BLVD  
 SUITE 130  
 SUNRISE FL 33351-6736  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0738229**

Applied For

Not Applicable

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

**ATRIUM REGISTERED AGENTS, INC.**  
**1500 SAN REMO AVENUE**  
**SUITE 125**  
**CORAL GABLES FL 33146**

Name

**HOWARD KAYE**

Street Address (P.O. Box Number is Not Acceptable)

**9425 NW 11th St.**

City

**PLANTATION**

FL

Zip Code

**33322**

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

*Howard Kaye*  
**Howard Kaye**

*president*  
 president

*3/20/00*  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS KAYE, HOWARD 9425 N.W. 11TH STREET PLANTATION FL 33322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GANGEL, RICHARD 3241 N.E. 59TH STREET FT. LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SELIGSON, MARTIN 1235 EAST MOUNTAIN DRIVE MONTECITO CA 93108</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

*Richard Gangel*  
**Richard Gangel**

Date

Daytime Phone #

**954 747 6800**

CR2E034 (9/99)