

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024858

1. Entity Name

SENIOR HOMEOWNERS FINANCIAL SERVICES, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91107 014 ***150.00

0279568

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
US

2. Principal Place of Business

7771 W. Oakland Park Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

#130

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Zip

33351

Country

USA

Zip

Country

4. FEI Number

65-0738229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KAYE, HOWARD
4500 SAN REMO AVENUE
9425 NW 11TH ST
PLANTATION FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P8 KAYE, HOWARD 9425 N.W. 11TH STREET PLANTATION FL 33322	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANGEL, RICHARD 3241 N.E. 59TH STREET FT. LAUDERDALE FL 33308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Roni Gangel 3241 N.E. 59th St Ft. Lauderdale FL 33308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Richard Alexander 8781 W. 65th Rd Coral Springs FL 33067	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laurence Freshman 345 Park Ave New York NY 10154	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenneth Greenberg 15 Sachum Rd. Greenwich CT 06830	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patton Corrigan 40 Lower Cross Rd. Greenwich CT 06831	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Howard Kaye 9425 NW 11th St Plantation FL 33322	☐ Change ☒ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Alexander

4/26/01

954 747 6800

CR2E034 (10/00)