

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002150

1. Entity Name

SGI SUPPORTIVE HOUSING, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

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

Principal Place of Business

Mailing Address

~~% LOUIS STEIN/ STEIN INSTITUTE~~
5200 NE 2ND AVE
MIAMI FL 33137

~~% LOUIS STEIN/ STEIN INSTITUTE~~
5200 NE 2ND AVE
MIAMI FL 33137-2706

2. Principal Place of Business

3. Mailing Address

Stein Gerontological

Stein Gerontological

Suite, Apt. #, etc.

Institute

Suite, Apt. #, etc.

Institute

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

65-0492954

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

~~CYPEN, STEPHEN H~~
~~825 ARTHUR GODFREY RD~~
~~MIAMI BEACH FL 33130~~

Name

Bernard A. Roos

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

Director, Stein Gerontological Inst.

5200 NE 2nd Avenue

City

Miami,

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Bernard A. Roos, Director, Stein Gerontological Institute

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME CYPEN, IRVING
STREET ADDRESS 825 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BEACH FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CYPEN, WAYNE A
STREET ADDRESS 825 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BEACH FL 33130

TITLE T/D ☒ Change ☐ Addition
NAME Cypen, Wayne A.
STREET ADDRESS 825 Arthur Godfrey Rd
CITY-ST-ZIP Miami Beach, FL 33130

TITLE D ☐ Delete
NAME CYPEN, STEPHEN H
STREET ADDRESS 825 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BEACH FL 33130

TITLE S/D ☒ Change ☐ Addition
NAME Cypen, Stephen H.
STREET ADDRESS 825 Arthur Godfrey Rd
CITY-ST-ZIP Miami Beach, FL 33130

TITLE D ☐ Delete
NAME BECK, HAROLD
STREET ADDRESS 700 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE V/D ☒ Change ☐ Addition
NAME Beck, Harold
STREET ADDRESS 700 Coral Way
CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☐ Delete
NAME BRADY, DAN
STREET ADDRESS 701 LINCOLN ROAD
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE P/D ☒ Change ☐ Addition
NAME Brady, Dan
STREET ADDRESS 701 Lincoln Road
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

(305) 751-8626

Daytime Phone #