

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90001 031 ***150.00

0254170 AV

DOCUMENT # P99000060014

1. Entity Name

ROYAL DIXIE MANOR OF FLORIDA, INC.

Principal Place of Business

**301 174TH STREET, #2214
 SUNNY ISLES FL 33160**

Mailing Address

**301 174TH STREET, #2214
 SUNNY ISLES FL 33160**

2. Principal Place of Business

1500 N.E. 145 st

Suite, Apt. #, etc.

105

City & State

N. Miami FL

Zip

33161

Country

Ugde

3. Mailing Address

301 174 st

Suite, Apt. #, etc.

2214

City & State

Sunny Isles Beach FL

Zip

33160

Country

Ugde



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0935325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEINMAN, CHAIM

301 174TH STREET, #2214

SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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

TITLE	VSD	<input type="checkbox"/> Delete
NAME	KLEINMAN, AMI	
STREET ADDRESS	301 174TH STREET, #2214	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEINMAN, NEER	
STREET ADDRESS	301 174TH STREET, #2214	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	KLEINMAN, DAVID	
STREET ADDRESS	301 174TH STREET 2214	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kleinman chaim	
STREET ADDRESS	301 174 st #2214	
CITY-ST-ZIP	Sunny Isles Beach FL 33160	
TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kleinman esther	
STREET ADDRESS	301 174 st #2214	
CITY-ST-ZIP	Sunny Isles Beach FL 33160	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kleinman Dana	
STREET ADDRESS	301 174 st #2214	
CITY-ST-ZIP	Sunny Isles Beach FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)