

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595017

1. Entity Name  
**JACKSON MANOR NURSING HOME, INC.**

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90014 009 \*\*\*150.00

Principal Place of Business

1861 N.W. 8TH AVE.  
MIAMI FL 33136  
US

Mailing Address

2000 S BAYSHORE DR  
C/O MARSHA G. MADORSKY, ESQ.  
MIAMI FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**100 SE Second Street**

Suite, Apt. #, etc.

**Suite 4000**

City & State

**Miami, Florida**

Zip

**33131**

Country

**USA**

4. FEI Number **59-1869147**

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

**MADORSKY, MARSHA G ESQ.**  
**2665 S. BAYSHORE DRIVE**  
**SUITE 603**  
**MIAMI FL 33133**

Name

**Marsha G. Madorsky**

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

**100 SE Second Street**

**Suite 4000**

City

**Miami**

**FL**

Zip Code

**33131**

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.

**MARSHA G. MADORSKY**

(NOTE: Registered Agent signature required when reinstating)

**3-30-01**

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	<b>0</b> <b>MIZRAHI, ISAAC</b> <b>2665 S BAYSHORE DR, 603</b> <b>MIAMI FL 33133</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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>0</b> <b>Marsha Madorsky</b> <b>100 S.E. 2nd Street</b> <b>Miami, FL. 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARSHA G. MADORSKY**

**3-30-01**

Date

**(305) 530-0050**

Daytime Phone #

CR2E034 (10/00)