

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90149 014 ***150.00

DOCUMENT # 595018

1. Entity Name
ARCH CREEK NURSING HOME, INC.

Principal Place of Business

ARCH CREEK NURSING HOME
 12505 N.E. 16TH AVE.
 MIAMI FL 33161

Mailing Address

C/O MARSHA G. MADORSKY, ESQ
 2665 S. BAYSHORE DRIVE, STE. 603
 MIAMI FL 33133-5401
 US

00043331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address **c/o Marsha Madorsky**
2000 S. Bayshore Drive

Suite, Apt. #, etc.

Villa #41

City & State
Miami, Florida

Zip
33133

Country
U.S.

4. FEI Number **59-1869145**

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
STE. 603
MIAMI FL 33133

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. (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	0	<input type="checkbox"/> Delete
NAME	MIZRAHI, ISAAC	
STREET ADDRESS	11111 BISCAYNE BLV#1705	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	0	<input checked="" type="checkbox"/> Delete
NAME	COTTLER, MARY	
STREET ADDRESS	11111 BISCAYNE BLV#1705	
CITY-ST-ZIP	MIAMI FL 33136	
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		

TITLE	Estate of Isaac Mizrahi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	c/o Marsha Madorsky, Attorney for the Est	
STREET ADDRESS	2665 S. Bayshore Drive, Suite 603	
CITY-ST-ZIP	Miami, Florida 33133	
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 address with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-19/99