

2001 UNIFORM BUSINESS REPORT (UBR)

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
2000 S BAYSHORE DRIVE VILLA #41
MIAMI FL 33133
US

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



DO NOT WRITE IN THIS SPACE

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

Marsha G. Madorsky, Esq.

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.

(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 ☒ 0 ☐ Delete
NAME MADORSKY, MARSHA
STREET ADDRESS 2665 S BAYSHORE DR STE 603
CITY-ST-ZIP MIAMI FL 33133

TITLE ☒ 0 ☐ Change ☐ Addition
NAME Marsha Madorsky
STREET ADDRESS 100 S.E. 2nd Street, Suite 4000
CITY-ST-ZIP Miami, Fl. 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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)