

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595019

1. Entity Name

SNAPPER CREEK NURSING HOME, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90934 020 ***150.00

Principal Place of Business

SNAPPER CREEK NURSING HOME
5200 S.W. 87TH AVE.
MIAMI FL 33176
US

Mailing Address

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

B0094610



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

59-1869113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. ☐
(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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #