

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595019

1. Entity Name

SNAPPER CREEK NURSING HOME, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90037 017 ***150.00

Principal Place of Business

SNAPPER CREEK NURSING HOME
9200 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

00036884



DO NOT WRITE IN THIS SPACE

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 59-1869113

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
Marsha G. Madorsky, Esq.

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

Suite, Apt. #, etc.
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

3-30-01

(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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
MIZRAHI, ISAAC
11111 BSCYNE BLVD #1705
MIAMI FL 33136 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
COTTLER, MARY
11111 BISCAYNE BLVD #1705
MIAMI FL 33136 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

0157196