2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 747194** Feb 07, 2000 8:00 am 1. Entity Name **Secretary of State** CENTURY VILLAGE EAST WE CARE, INC. 02-07-2000 90072 028 ****61.25 Principal Place of Business Mailing Address TILFORD W 485 TILFORD W 485 CENTURY VILLAGE EAST CENTURY VILLAGE EAST DEERFIELD BCH. FL 33442 DEERFIELD BCH. FL 33442 2. Principal Place of Business 3. Mailing Address NEW PORT 0234 NEWPORT & 234 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. CCHTURY VICLAGE ENST CENTURY VILLAGE Applied For City & State 4. FEI Number City & State 59-5916301 DECERNE US Not Applicable DECUEICOD BCA \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required_ 3344 2 U-33442 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATALIEK MARTON Street Address (P.O. Box Number is Not Acceptable) BERLINER, JULIUS L TILFORD W 485 CAST CONTURY VILL HGG CENTURY VILLAGE EAST Zip Code DEERFIELD BEACH FL 33442 33442 DECUF VOUS 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 R. MARTELL, TREASURER DIRECTOR SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition TITLE Delete TITLE BLOWN BARBARA NAME KATZ. NETTIE 4027 BERKSITIRE B STREET ADDRESS STREET ADDRESS **421 UPMINSTER L** DOCKFICLD YCH FL. 33+42 CITY-ST-7IP CITY-ST-ZIP DEERFIELD BCH. FL **C**hange Addition Delete TITLE TITLE MARTOUL NATALICA. NAME NAME BERLINER, JULIUS 234 NEWPORTO STREET ADDRESS STREET ADDRESS 485 TILFORD W. DUTRITUD BOWFE 33444 CITY-ST-ZIP CITY-ST-ZIP : -DEERFIELD BEACH FL ☐ Addition Delete TITLE FNAN CHARLES NAME FRIEDMAN, IRVING NAME 517 TILFORDX STREET ADDRESS STREET ADDRESS 3035 LYNDHURST J DEERFIELD BUT FL CITY-ST-ZIP CITY - ST-ZIP DEERFIELD BCH, FL 00000 ☐ Addition Delete TITLE WEISS RUTH NAME KOST, IDA NAME 3028 SWAHSEA B STREET ADDRESS STREET ADDRESS 133 GRANTHAM B DUTEFIELD BCH FL 37449 CITY-ST-7IP CITY-ST-ZIP DEERFIELD BCH FL Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Treasury Director

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954-428-1873

SIGNATURATION WARRY

SIGNATURE: