FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 31, 2002 8:00 am Secretary of State

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DOCUMENT # G58066						05-31-2002 90001 021 ***158.75		
T. Entity Na	ame 2065 INC-	DBA-		/				
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FILauberDate Retirement Home								
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	l Place of Business	3. Mailing Address	3. Mailing Address					
	EIZCTI							
Suite, Ap	pt. #, etc.	Suite, Apt. #, atc. Same			DO NOT WRITE IN THIS SPACE			
City & St		elity & State			-	CC! Number		_
1-4 C	Auberbate F	1 drei DA			3	FEI Number 9-2320183	Applied For Not Applicab	ole
Ζip マ22	516 BROWER	33316	Con	owere p	1		8.75 Additional	
<u> </u>	2.11 TORDOWNAL	7 23318	DIC			Fe	e Required	
	. –			Mamo -		me and Address of Current Registered A	gent	\dashv
	DO NOT W	/RITE		Sacourine H. HEADY				
				Street Address (P.O. Box Number is Not Acceptable)				
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•				City C	Λ.	The second second	Zin Code	\dashv
8. The abov	for the nurnose of changing it	rogistas	istered office or registered agent, or both, in the State of Florida.					
	, salania siasaniani	or the purpose of changing it	s register	ed onice or register	ec ag	ent, or both, in the State of Florida.		
SIGNATURE	Janue	WHE	Vi	_		5-1	3-02.	Ì
	Signature, typed or printed hame of registered ager	at and title if applicable. (NO	E: Registere	d Agent signature required	when re	instaling) DATE	102	
9. This corp	poration is eligible to satisfy its Intangible	e January 1 - 1		ee is \$150.00 s \$550.00		10. Election Campaign Financing		7
	requirement and elects to do so. eria on back)	Amende	d UBR i	s \$61.25		Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	Make Check Paya	ble to De	partment of Stat	0			_
TITLE	PRESIDENT	- Directions	TITLE					- -
NAME	JACOUELINE H	L. HEATH	NAM	E				2/0
STREET ADDRESS CITY-ST-ZIP	1401 SE12CT			ET ADDRESS				15
TITLE	V. PRCSIDENT	e, F1A 33316	-	-ST-ZIP				CR2E034B (12/01)
NAME	RICKEY HEATH		TITLE			•		2
STREET ADDRESS	4015E12CT	Co	STRE	ET ADDRESS				10
CITY-ST-ZIP	ET LAUDER		CITY	ST-ZIP				
TRILE NAME	Sec-TREASU	RU,	TITLE					7
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CITY+ST-ZIP	401 JEISCT, FLORIDA 333/6			ST-ZIP		DO NOT WRITE		
TITLE		-	TITLE	Į.		IN THIS SPACE		7
NAME STREET ADDRESS		,	NAME	1		IN THIS SPACE	—	
CITY - ST - ZIP			1	T ADDRESS ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
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NAME			TITLE NAME	[
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CITY-ST-ZIP	20041614-141-0		CITY			· · · · · · · · · · · · · · · · · · ·		
indicated	cerury that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exem y signati	ption stated in Sect re shall have the sa	ion 11 me le	9.07(3)(i), Florida Statutes. I further certify t gal effect as if made under oath; that I am a	hat the information	1
or the cor attachmer	poration or the redeiver or trustee emp nt with an address, with all other like en	owered to execute this report opowered.	as requ	red by Chapter 607	, Flori	gal effect as if made under oath; that I am a da Statutes; and that my name appears in	Block 11 or on an	
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