

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006416

1. Entity Name

SENIORS ONLY FINANCIAL OF SOUTH FLORIDA, INC.

Principal Place of Business

19510 SATURNIA LAKES DRIVE  
BOCA RATON FL 33498

Mailing Address

19510 SATURNIA LAKES DRIVE  
BOCA RATON FL 33498

2. Principal Place of Business

1515 N. Federal Hwy  
Suite, Apt. #, etc. 218

3. Mailing Address

1515 N. Federal Hwy  
Suite, Apt. #, etc. 218

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

6. Name and Address of Current Registered Agent

ARESTY, MAURICE  
19510 SATURNIA LAKES DRIVE  
BOCA RATON FL 33498

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ARESTY, MAURICE  
STREET ADDRESS 19510 SATURNIA LAKES DRIVE  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE D ☐ Delete  
NAME ARESTY, JAMIE  
STREET ADDRESS 19510 SATURNIA LAKES DRIVE  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE D ☐ Delete  
NAME RATNER, HARVEY  
STREET ADDRESS 19510 SATURNIA LAKES DRIVE  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90052 004 \*\*\*\*61.25

759014



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)