

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90055 030 \*\*\*\*70.00

**DOCUMENT # N04191**

1. Entity Name  
**MOUNT SINAI - ST. FRANCIS NURSING AND REHABILITA**

Principal Place of Business      Mailing Address  
**201 N.E. 112TH ST.**      **201 N.E. 112TH ST.**  
**MIAMI FL 33161**      **MIAMI FL 33161-7022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0102402**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OSMAN**  
~~SEREEL, ALYSON~~  
**4300 ALTON RD**  
**MIAMI BCH FL 33140**

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 \_\_\_\_\_ (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	CP	<input type="checkbox"/> Delete
NAME	<b>PERRY, BRUCE M</b>	
STREET ADDRESS	<b>4300 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33140</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GOLDBERG, BART</b>	
STREET ADDRESS	<b>301-41 STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>STREVA, JO MARIE</b>	
STREET ADDRESS	<b>7502 MAYFAIR CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GARDET, LUCY</b>	
STREET ADDRESS	<b>128 NE 111 STREET</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JONAS, IVAN</b>	
STREET ADDRESS	<b>4701 N MERIDIAN AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33140</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>GOLDMAN, VIRGINIA</b>	
STREET ADDRESS	<b>4300 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*      **2/25/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)