

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90338 049 \*\*\*\*61.25

**DOCUMENT # N29377**

1. Entity Name  
**PHOENIX MANOR, INC.**



Principal Place of Business  
**3850 WEST FLAGLER ST  
MIAMI FL 33134  
US**

Mailing Address  
**3850 WEST FLAGLER ST  
MIAMI FL 33134  
US**

**90011251**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**SAME ABOVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME ABOVE**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MARTINEZ, OLIVIA T.  
3850 WEST FLAGLER ST  
MIAMI FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSS, MICHAEL A	
STREET ADDRESS	8601 NW 193RD TERR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRAU, CELIDA	
STREET ADDRESS	398 E 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33013	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOKOLOW, CAROL	
STREET ADDRESS	10241 SW 142ND STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	OAL	<input checked="" type="checkbox"/> Delete
NAME	LEON, CARMEN L	
STREET ADDRESS	1810 SW 92ND AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JOSE A.	
STREET ADDRESS	150 ALHAMBRA CIRCLE-SUITE 1240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, SUSANA	
STREET ADDRESS	1519 AREZZO CIRCLE	
CITY-ST-ZIP	BOYTON BEACH, FL 33463	
TITLE	OAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAEFFER, JOAN L.	
STREET ADDRESS	5240 SW 88TH COURT	
CITY-ST-ZIP	MIAMI, FL 33165	
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: OLIVIA T. MARTINEZ 01/09/03 (305)233-6483**

CR2E037 (10/02)