

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46104

1. Entity Name

SENIOR CITIZENS OF GREATER MIRAMAR, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90281 042 ****61.25

Principal Place of Business

6920 S.W. 35TH ST
MIRAMAR FL 33023

Mailing Address

3221 SW 66 TERRACE
3221 SW 66TH TERR
MIRAMAR FL 33023
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0304296

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

KELLY, AGNES
3221 SW 66 TERRACE
MIRAMAR FL 33023

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS KELLY, AGNES
CITY-ST-ZIP 3221 SW 66 TERRACE
MIRAMAR FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS NORTHRUP, WILLIAM
CITY-ST-ZIP 241 N 67TH AVENUE
HOLLYWOOD FL 33024

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

TITLE ☐ Delete
NAME T
STREET ADDRESS NORTHRUP, ADALINE (ADOLINE)
CITY-ST-ZIP 241 N 67TH AVE
HOLLYWOOD FL 33024

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS SCROB, EVELYN
CITY-ST-ZIP 6740 ABOR DRIVE #205
MIRAMAR FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DIMARIA, PAULETTE
CITY-ST-ZIP 6550 28TH STREET
MIRAMAR FL 33023

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LASSEN, DELORAS (DELORES)
CITY-ST-ZIP 8911 S HOLLYBROOK BLVD
PEMBROKE PINES FL 33025

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01

(954) 989-5731

Date

Daytime Phone #

CR2E037 (10/00)