

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003543

1. Entity Name

FAIRWAY PARK RETIREMENT HOME INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90047 047 ****75.00

Principal Place of Business

16324 S.W. 99TH COURT
MIAMI FL 33157

Mailing Address

16324 S.W. 99TH COURT
MIAMI FL 33157-3251

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

65-0900575

Applied For

Not Applicable

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

SINGH, SAVITRIE J
11120 SW 174 TERRACE
MIAMI FL 33157

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	DAO	<input type="checkbox"/> Delete
NAME	SINGH, SAVITRIE J	
STREET ADDRESS	11120 SW 174 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DAAO	<input type="checkbox"/> Delete
NAME	SINGH, JAGNARAIN	
STREET ADDRESS	11120 SW 174 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RAMPERSAND, SANDRA	
STREET ADDRESS	11120 SW 174 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TP	<input type="checkbox"/> Delete
NAME	PRASAD, INDRANI	
STREET ADDRESS	11120 SW 174 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMPERSAND, LACHMAN	
STREET ADDRESS	11257 SW 167 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	SINGH, NARI MAHENDRA	
STREET ADDRESS	11257 SW 167 ST	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

1/25/00

Date

305-255-6923

Daytime Phone #