

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90135 011 ***150.00

DOCUMENT # P00000041701

1. Entity Name

FIRST FINANCIAL SENIOR GROUP, INC.

Principal Place of Business

1000 W. MCNAB RD.
 POMPANO BEACH FL 33069

Mailing Address

1000 W. MCNAB RD.
 POMPANO BEACH FL 33069

2. Principal Place of Business

1900 Corporate Blvd

3. Mailing Address

1900 Corporate Blvd

Suite, Apt. #, etc.

400 E

Suite, Apt. #, etc.

400 E

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

USA

Zip

33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1004720

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERBERT KAYE
 1000 W MCNAB RD
 POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1900 Corporate Blvd Ste 400 E
 City Boca Raton FL Zip Code 33431

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 *Herbert Kaye*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAYE, HERBERT L	
STREET ADDRESS	1000 W. MCNAB RD.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAYE, SHARON R	
STREET ADDRESS	1000 W. MCNAB RD.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KAYE, DEBRA L	
STREET ADDRESS	1000 W. MCNAB RD.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1900 Corporate Blvd Ste 400 E
CITY-ST-ZIP	BOCA RATON, FL 33431-8502
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1900 Corporate Blvd Ste 400 E
CITY-ST-ZIP	BOCA RATON, FL 33431-8502
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD KAYE DEBRA
STREET ADDRESS	1900 Corporate Blvd Ste 400 E
CITY-ST-ZIP	BOCA RATON, FL 33431-8502
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY EDWARDS
STREET ADDRESS	9850 Sunrise LKS Blvd
CITY-ST-ZIP	SUNRISE FL 33322
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Herbert Kaye* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)