

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000077785

1. Entity Name  
JUNOZ, INC. DBA

SUNDOWN RETIREMENT HOME

*ADM  
DS*



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIO

04 MAY 13 PM 3:56

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 03-04**

2. Principal Place of Business 3. Mailing Address  
6.821 - 59TH LANE NO. 6.821 - 59TH LANE NO.

City & State PINELLAS PARK, FL PINELLAS PARK, FL  
Zip Country 33781 33781

4. FEI Number 59-3671073 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name NORMA ZARRA  
Street Address (P.O. Box Number is Not Acceptable) 7779 - 75TH ST. NO.  
City PINELLAS PARK FL Zip 33781

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 NORMA ZARRA *Norma Zarra* 4/28/04

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME NORMA ZARRA  
STREET ADDRESS 7779 - 75TH ST. NO.  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE VD  
NAME JULIE ZARRA  
STREET ADDRESS 7779 - 75TH ST. NO.  
CITY-ST-ZIP PINELLAS PARK, FL 33781

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE: *Norma Zarra*  
NORMA ZARRA, PRESIDENT 4/28/04 727-455-8167

CR2E094B (12/02)

April 27, 2004

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

In discussing my business with my new accountant, I was informed that your state registry indicates that my corporate entity was dissolved effective September, 2003. I have no recollection of having received a notice in 2003 but I was unable to find proof of payment so I can only assume I never received a notice. I have been told that several taxpayers did not receive their 2003 notices as well. Additionally, because of the dissolution, I did not receive a notice for my 2004 annual report. I am enclosing the completed forms and a check for \$300 for filing fees for both my 2003 and 2004 annual business reports.

I am still operating my Assisted Living Facility in the same location. There have been no other changes to the business. I wish to continue as a corporation. Your cooperation in this matter is greatly appreciated.

Sincerely Yours,

*Norma A. Zarra*

Norma Zarra, President  
Junoz, Inc. dba Sundown Retirement Home  
7779 - 75<sup>th</sup> St. No., Pinellas Park, FL 33781

Enclosures