2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90757 023 ***150.00

DOCUMENT # P00000084548

1. Entity Name
MOUNT SINAI Christian Home INC

Principal Place of Business	Mailing Address
5480 East 8th AV Hialeah Fl 33013	5480 East 8th AV Hialeah Fl 33013

2. Principal Place of Business		3. Mailing Address	
		7105 SW 8 st	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 309	
City & State		City & State Miami Fl	
Zip	Country	Zip 33144	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1040022 ☐ Applied ☐ Not App

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

6. Name and Address of Current Registered Agent

LUCIANI MARTIN A.
5480 East 8th AV
Hialeah Fl 33013

7. Name and Address of New Registered Agent

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 a[ccept] the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma[y be] Added to Fe[es]

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[0]		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LUCIANI MARTIN A. / 1730 S.W. 99th ct / Miami Fl 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
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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)(i), Florida Statutes. I further certify that the inform[ation] 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 dir[ector] 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 Block [11 if] changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] MARTIN A Luciani 4/25/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #