

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90013 034 ***150.00

0007380 AT

DOCUMENT # P00000087220

1. Entity Name

MINERVA RETIREMENT HOME, INC.

Principal Place of Business

**7861 S.W. 5TH STREET
 MIAMI FL 33144**

Mailing Address

**7861 S.W. 5TH STREET
 MIAMI FL 33144**

2. Principal Place of Business

7863 SW 5th St

3. Mailing Address

7863 SW 5th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1039338

Applied For

Not Applicable

Zip

Country

33144

Zip

Country

33144

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DEL CARMEN MARIN, MINERVA
 651 SW 130TH AVENUE
 MIAMI FL 33184**

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.

SIGNATURE

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 **PVS** ☐ Delete
 NAME **DEL CARMEN MARIN, MINERVA**
 STREET ADDRESS **651 SW 130TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE **T** ☐ Delete
 NAME **DEL CARMEN MARIN, MINERVA**
 STREET ADDRESS **651 SW 130TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7863 SW 5th St**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7863 SW 5th St**
 CITY-ST-ZIP **MIAMI FL 33144**

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

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

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

TITLE ☐ Change ☐ 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:

Minerva Retirement Home, Inc.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02

Date

Daytime Phone #

CR2E034 (9/01)