

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0028981 AV

DOCUMENT # P01000062197

1. Entity Name

SENIOR LIFE MANAGEMENT, INC.

04-01-2002 90617 019 ***150.00

Principal Place of Business

Mailing Address

8333 W. MCNAB RD., STE. 228
 TAMARAC FL 33321

8333 W. MCNAB RD., STE. 228
 TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6400 N ANDREWS AVE

6400 N ANDREWS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

SUITE 300

City & State

City & State

FT LINDERDALE FL

FT LINDERDALE FL

Zip

Country

Zip

Country

FL 33309

USA

33309

USA

4. FEI Number

Applied For

65-1127673

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

ROSE, MICHAEL S

8333 W. MCNAB RD., STE. 228

TAMARAC FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

6400 N ANDREWS AVE

SUITE 300

City

FT LINDERDALE

FL

Zip Code

33309

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

Michael S. Rose

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME ROSE, MICHAEL S
 STREET ADDRESS 8333 W. MCNAB RD., STE. 228
 CITY-ST-ZIP TAMARAC FL 33321

TITLE ☒ Change ☐ Addition
 NAME P ROSE, MICHAEL S
 STREET ADDRESS 6400 N ANDREWS AVE SUITE 300
 CITY-ST-ZIP FT LINDERDALE FL 33309

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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:

Michael S. Rose

MICHAEL S. ROSE

3/21/02

954-351-0371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)