

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0308124 AV

**DOCUMENT # P02000001969**

1. Entity Name  
**GAZIT SENIOR CARE, INC.**



Principal Place of Business  
**C/O ALAN J. MARCUS. ESQ.  
20803 BISCAYNE BLVD STE 301  
AVENTURA FL 33180**

Mailing Address  
**C/O ALAN J. MARCUS. ESQ.  
20803 BISCAYNE BLVD STE 301  
AVENTURA FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-037 4739**

Applied For

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

**MARCUS, ALAN J  
20803 BISCAYNE BLVD STE 301  
AVENTURA FL 33180**

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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent 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 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARCUS, ALAN J</b>	
STREET ADDRESS	<b>20803 BISCAYNE BLVD STE 301</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHAIM KATZMAN</b>	
STREET ADDRESS	<b>1660 NE MIAMI GARDENS DR</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33189</b>	
TITLE	<b>VP/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AHARON SOFFER</b>	
STREET ADDRESS	<b>1660 NE MIAMI GARDENS DR</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33189</b>	
TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORI SEGAL</b>	
STREET ADDRESS	<b>1660 NE MIAMI GARDENS DR</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH, FL 33189</b>	
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		

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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHAIM KATZMAN, 4/28/03 305 947-1664**

Date

Daytime Phone #

CR2E034 (10/02)