

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

8/21

08-28-2003 90066 034 ***150.00

DOCUMENT # P02000059644

1. Entity Name
SHALOM ASSISTED LIVING FACILITIES, INC.



Principal Place of Business
**1006 MANCHESTER CIRCLE
WINTER PARK FL 32792**

Mailing Address
**1006 MANCHESTER CIRCLE
WINTER PARK FL 32792**

44005895

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

04-3674293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Ocasio, YENENIA
1006 MANCHESTER CIRCLE
WINTER PARK FL 32792**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **President** ☐ Delete
NAME **Yenenia Ocasio**
STREET ADDRESS **1006 Manchester Cir.**
CITY-ST-ZIP **Winter Park, FL 32792**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (4/03)

Yenenia Ocasio 9/11/03 671-5078

ATTACHMENT
P02000059644

August 21, 2003

Shalom Assisted Living Facility
1006 Manchester Circle
Winter Park, Fl. 32792

Division of Corporations
Uniform Business Report Filings
P.O Box 1500
Tallahassee, Fl. 32302-1500

440 05895

Dear To Whom It May Concern:,

Due to a incorrect delivery of mail we did not received the first report that it was mail to us. There are (2) 1006 in the area therefor mail get lost often. Please allow the payment of \$ 150.00. Thank you, any question please call 407 671-5078.

Sincerely,



Yescenia Ocasio