## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # **P94000045939** 1. Entity Name CASA MARIA ASSISTED LIVING RESIDENCES, INC. 05-19-2000 90083 035 \*\*\*158.75 Gonzalez-benkille Enterprises, Inc. Mailing Address 1721 GRANADA BLVD 1721 GRANADA BLVD CORAL GABLES FL 33134 CORAL GABLES FL 33134-3547 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0507709 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ-DELVALLE, MIGUEL A. Street Address (P.O. Box Number is Not Acceptable) 1721 GRANADA BLVD. CORAL GABLES FL 33134 Zip Code City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be \_\_After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST ☐ Delete Change ☐ Addition Gonzalez Delvalle, Miguel TITLE GONZALEZ-DELVALLE, MIGUEL A NAME Malgranada Blud STREET ADDRESS STREET ADDRESS 1721 GRANADA BLVD coal gables, fl 33134 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Consalez Dellalle, Corpre ☐ Change Addition TITLE Delete Gonzalez DelValle, Cormen TITLE NAME NAME ital granada Bivd STREET ADDRESS STREET ADDRESS coxatochas, fl 33134 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trusted 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 an other like empowered.

RIAGONAULE DEVINILE