

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90159 046 ***150.00

DOCUMENT # P95000058701

1. Entity Name

SAFE HARBOUR RETIREMENT HOME, INC.

Principal Place of Business

Mailing Address

2610 SW 14TH AVENUE
 FORT LAUDERDALE FL 33315
 US

1335 HARRISON ST
 HOLLYWOOD FL 33019-1513

2. Principal Place of Business

3. Mailing Address

4347 SW 54 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT LAUDERDALE

4. FEI Number

65-0609303

Applied For

Not Applicable

Zip

Country

Zip

Country

33314

BROWARD

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

GOLDENBERG, MARCIA
1335 HARRISON ST
HOLLYWOOD FL 33019

Name

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

4347 SW 54 CT

City

FT LAUDERDALE,

FL

Zip Code

33314

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	GOLDENBERG, MARCIA	
STREET ADDRESS	1335 HARRISON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4347 SW 54 CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marcia Goldberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA GOLDENBERG 4/11/00 (954) 524-
 Date Daytime Phone # **7233**

CR2E034 (9/99)