

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026494

1. Entity Name

COURTLEIGH MANOR RETIREMENT HOME, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90008 049 ***150.00

Principal Place of Business

2770-2778 N.W. 58 TERRACE
LAUDERHILL FL 33313

Mailing Address

7325 N.W. 54 STREET
LAUDERHILL FL 33319-6346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0657415

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FO, DARRAN A
11187 NW 38 PLACE
SUNRISE FL 33351

DELETE

Name

EARL PATRICK MILES

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

7325 NW 54 ST

City

LAUDERHILL

FL

Zip Code

33319

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

Earl Miles

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | MALHOTRA, INDERJIT S | |
| STREET ADDRESS | 10880 HANDEL PL | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | |
| TITLE | VPS | <input checked="" type="checkbox"/> Delete |
| NAME | MACWAN, KALPANA | |
| STREET ADDRESS | 22078 CONCHA AVE | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---|
| TITLE | P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EARL P MILES | |
| STREET ADDRESS | 7325 NW 54 ST | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | |
| TITLE | VPS | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARTH R. MILES | |
| STREET ADDRESS | 7325 NW 54 ST | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| 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:

Earl Miles EARL P. MILES

2-16-2000

Date

954.484-3712

Daytime Phone #

CR2E034 (9/99)