

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 016 ***150.00

DOCUMENT # P96000041481

1. Entity Name

THE MANORS APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE

643535

2. Principal Place of Business

965 MANOR DRIVE

3. Mailing Address

11576 PIERSON RD.

Suite, Apt. #, etc.

6A

Suite, Apt. #, etc.

K-8

City & State

PALM SPRINGS, FL

City & State

WELLINGTON, FL

4. FEI Number

65-0681836

Applied For

Not Applicable

Zip

Country

Zip

Country

33461

USA

33414

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL ROSEN

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

11576 PIERSON RD

K-8

City

WELLINGTON

FL

Zip Code

33414

**DO NOT WRITE
IN THIS SPACE**

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

PAUL ROSEN 4-18-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME ROSEN, PAUL
STREET ADDRESS 11576 PIERSON RD. K-8
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ROSEN, HARRY
STREET ADDRESS 2500 WESTON RD. #220
CITY-ST-ZIP WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME ROSEN, RONALD
STREET ADDRESS 4000 HOLLYWOOD BLVD #784
CITY-ST-ZIP HOLLYWOOD, FL 33320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL ROSEN 3-18-02 561-790-7453