

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045708

1. Entity Name

GOLDEN GIRLS NURSE REGISTRY, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90016 010 ***158.75

Principal Place of Business

12794 W. FOREST HILL BLVD
SUITE 1-B
WELLINGTON FL 33414
US

Mailing Address

12794 W. FOREST
SUITE 1-B
WELLINGTON FL 33414
US

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 65-0677441

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINBERGER, MARGARET
12794 W FOREST HILL BLVD 1-B
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

RENEE SHARIFRAZY

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

14794 W. FOREST HILL BLVD.

City

WELLINGTON

FL

Zip Code

33414

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

3-13-01

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, 2001 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

TITLE P
NAME FLANAGAN, JOHN H ☒ Delete
STREET ADDRESS 1706 N LAKESIDE DR
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ST
NAME MERAL, IBRAHIM ☒ Delete
STREET ADDRESS 15545 MEADOW WOOD DR.
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☒ Addition
NAME RENE'E SHARIFRAZY
STREET ADDRESS 3 COUNTRY CLUB CIRCLE
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE SECRETARY - TREASURER ☒ Change ☒ Addition
NAME MELINDA TOMMINIA
STREET ADDRESS 19000 S.E. ROBERT DR.
CITY-ST-ZIP TEQUESTA, FL 33469

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-01

CR2E034 (10/00)