

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000045708**

1. Entity Name

GOLDEN GIRLS NURSE REGISTRY, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

06-02-2002 90909 035 ***158.75

37454



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
12794 W. FOREST HILL BLVD 12794 W. FOREST
SUITE 1-B SUITE 1-B
WELLINGTON FL 33414 WELLINGTON FL 33414
US 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 7. Name and Address of New Registered Agent
SHARIFRAZY, RENEE J.H. BEATY
14794 W FOREST HILL BLVD Street Address (P.O. Box Number is Not Acceptable)
WELLINGTON FL 33414 12794 W. FOREST HILL BLVD.
SUITE 1-B
WELLINGTON FL 33414 City Zip Code

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 J.H. BEATY, PRESIDENT DATE 6-24-02
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	TITLE	PRESIDENT - TREASURER
NAME	SHARIFRAZY, RENEE JONPAUL	NAME	J.H. BEATY
STREET ADDRESS	3 COUNTRY CLUB CIRCLE	STREET ADDRESS	12794 W. FOREST HILL BLVD, 1-B
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	ST	TITLE	V. PRES - SECRETARY
NAME	TUMMINIA, MELINDA	NAME	MIE RING
STREET ADDRESS	19000 SE ROBERT DR	STREET ADDRESS	12794 W. FOREST HILL BLVD, 1-B
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: J.H. BEATY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-02 561-795-4667
Date Daytime Phone #

CR2E034 (9/01)