

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90634 029 ***150.00

DOCUMENT # P96000070220

1. Entity Name
RETIREMENT CENTERS OF FLORIDA, INC.

Principal Place of Business

**1342 HOLLY HEIGHTS DR
 FT LAUDEERDALE FL 33304
 US**

Mailing Address

**5151 COLLINS AVE
 #1121
 MIAMI BEACH FL 33140
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**5785 ALTON ROAD
 MIAMI BEACH, FL**

33140

MIAMI-DADE

4. FEI Number

65-0689226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, RAFAEL R
 5151 COLLINS AVE
 #1121
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

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

5785 ALTON ROAD

City

MIAMI BEACH

FL

Zip Code

33140

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's signature required when reinstating)

DATE

RAFAEL R. Perez

4/24/02

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, 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

TITLE **0** ☐ Delete
 NAME **PEREZ, RAFAEL R**
 STREET ADDRESS **5151 COLLINS AVE, #1121**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5785 ALTON ROAD**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 305-562-1250

CR2E034 (9/01)