

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90078 027 ***158.75

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
5785 ALTON RD
MIAMI BEACH FL 33140
US

2. Principal Place of Business

3. Mailing Address

1342 Holly Heights Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33304 BROWARD

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

7. Name and Address of New Registered Agent

PEREZ, RAFAEL R

5785 ALTON RD

MIAMI BEACH FL 33140

Name

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

1342 Holly Heights Dr.

City

FT. LAUDERDALE

FL

Zip Code

33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

RAFAEL R. PEREZ

3/17/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **0** ☐ Delete
NAME **PEREZ, RAFAEL R**
STREET ADDRESS **5785 ALTON RD**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition
NAME **1342 Holly Heights Dr.**
STREET ADDRESS **FT. LAUDERDALE, FL 33304**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RAFAEL R. PEREZ **3/17/03**

Date

Daytime Phone #

305-562-1250

CR2E034 (10/02)