2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE: ^

Jan 31, 2000 8:00 am Secretary of State DOCUMENT # **P97000003205** MANOR RETIREMENT, INC. -01-31-2000 90090 005 ***150.00 Principal Place of Business Mailing Address 5621-5631 NW 28TH STREET 5621-5631 NW 28TH STREET LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, ètc. Applied For 4. FEI Number City & State City & State 65-0717148 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALINA FUDALI Street Address (P.O. Box Number is Not Acceptable 564 5631 NW 28TH ST SUITE 4R LAUDERHILL FL 33313 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 . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. F. + (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Change ☐ Addition TITLE NAME FUDALI, HALINA NAME STREET ADDRESS STREET ADDRESS 5621-5631 NW 28TH STREET CITY-ST-ZIP" -CITY-ST-ZIP LAUDERHILL FL 33313 TITLE ☐ Change Addition ☐ Delete TITLE FUDALI, BENVENUTO NAME NAME STREET ADDRESS 5621-5631 NW 28TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP L'AUDERHILL FL 33313 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

SIGNING OFFICER OR DIRECTOR