💯😳 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2000 8:00 an Secretary of State DCUMENT# **P97000029377** JILO GARDENS RETIREMENT RESIDENCE CARE, INC. 03-07-2000 90089 013 ***158.75 Flace of Business Mailing Address JOHNSON STREET 27-18 JOHNSON STREET HOLLYWOOD FL 33020-3824 TWOOD FL 33020 US DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0742786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UEBERLAUER, GRAZYNA Street Address (P.O. Box Number is Not Acceptable) 950 S.E. 5TH AVE. POMPANO BEACH FL 33060 Zip Code City above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE Change ☐ Addition **UEBERLAUER, GRAZYNA** NAME STREET ADDRESS 950 S.E. 5TH AVE. CITY-ST-ZIP ST-ZIP POMPANO BEACH FL 33060 ☐ Delete TITLE Change Addition STREET ADDRESS CITY-ST-ZIP ST ZIE Addition Change Delete TITLE MANUFACT STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ADDUCC CITY-ST-ZIP ST - ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST 7IP ☐ Change Addition Delete TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

BMATURE:

ST ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-00 (954) 923-555

Daytime Phone #