

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0327499 AV

03-18-2002 90187 050 ***158.75

DOCUMENT # P97000032588

1. Entity Name

SPECIAL SENIORS OF INVERRARY, INC.

Principal Place of Business

**7471 NW 35TH COURT
 LAUDERHILL FL 33319**

Mailing Address

**7471 NW 35TH COURT
 LAUDERHILL FL 33319**

2. Principal Place of Business

7471 NW 35CT
 Suite, Apt. #, etc.

3. Mailing Address

7471 NW 35CT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL, FL.

City & State

LAUDERHILL FL

4. FEI Number

65-0751279

Applied For

Not Applicable

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, SIMONE L
 7471 NW 35TH COURT
 LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Simone L. Kennedy

1.7.02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
 NAME **UPD**
 STREET ADDRESS **FISHER, PATRICK H**
 CITY-ST-ZIP **7421 NW 38 CT
 LAUDERHILL FL 33319**

TITLE ☐ Delete
 NAME **A**
 STREET ADDRESS **SATUTEVILLE, SARA**
 CITY-ST-ZIP **1030 SW 16 WAY
 FORT LAUDERDALE FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Simone L. Kennedy

1.7.02

Date

954-746-8850
8550

Daytime Phone #

CR2E034 (9/01)