

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90221 025 \*\*\*150.00

**DOCUMENT # P97000061646**  
**1. Entity Name**  
**VICTORIA NURSING & REHABILITATION CENTER, INC.**

**Principal Place of Business**  
**965 NE 3RD ST**  
**MIAMI FL 33128**

**Mailing Address**  
**421 GARRARD ST**  
**COVINGTON KY 41011**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**31-1558831**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**STACEY, RICHARD E**  
**899 NW 4TH STREET**  
**MIAMI FL 33128**

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**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **STACEY, RALPH JR**  
**STREET ADDRESS** **899 NW 4TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33128**

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

**TITLE** **D** ☐ Delete  
**NAME** **STACEY, RICHARD E**  
**STREET ADDRESS** **899 NW 4TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33128**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**13. I hereby certify that the information supplied in 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 employment.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)