

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 023 ***150.00

0666636 AB

DOCUMENT # P97000061646

1. Entity Name
VICTORIA NURSING & REHABILITATION CENTER, INC.



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

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

11030478



2. Principal Place of Business

955 NW 3rd Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1558831**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

SIGNATURE _____ (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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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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:

SIGNATURE
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)