

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P98000078757

1. Entity Name

FLAMINGO RETIREMENT HOME, INC.

00 AUG 21 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1537 MARINA WAY
HOLLYWOOD FL 33019

Mailing Address

1537 MARINA WAY
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

KANETI, DORIT
1537 MARINA WAY
HOLLYWOOD FL 33019

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's signature required when filing.)

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	DP	☐ Delete
NAME	KANETI, DORIT	
STREET ADDRESS	1537 MARINA WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VSD	☐ Delete
NAME	KANETI, HAIM	
STREET ADDRESS	1537 MARINA WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

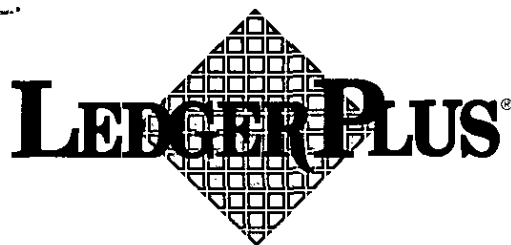
X DORIT KANETI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2034 (5/00)



July 17, 2000

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

My name is Paul Franson and I am the accountant for Flamingo Retirement Home, Inc. (65-0889108). We did not receive the original 2000 Uniform Business Report (UBR). Please find enclosed a completed UBR for the year 2000 and a check for \$150. I will make sure that the UBR is filed on a timely basis in the future. We would respectfully request that any penalties be waived.

If I can provide any further information, please contact me at 954-450-9906, 9050 Pines Blvd., #450, Pembroke Pines, FL 33024

Sincerely,

A handwritten signature in cursive script that reads "Paul Franson". The signature is written in black ink and is positioned below the word "Sincerely,".

Paul Franson