

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000078757**

1. Entity Name

FLAMINGO RETIREMENT HOME, INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-23-2002 90126 010 ***150.00

06-20-2002 90063 007 ***150.00

Principal Place of Business

**1722-26 MADISON STREET
HOLLYWOOD FL 33020**

Mailing Address

**1722-26 MADISON STREET
HOLLYWOOD FL 33020**

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

65-0889108

☒ 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

Dorit Kaneti

(NOTE: Registered Agent signature required when releasing)

DATE

6-12-02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
KANETI, DORIT
1537 MARINA WAY
HOLLYWOOD FL 33019**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VSD
KANETI, HAIM
1537 MARINA WAY
HOLLYWOOD FL 33019**

☐ Delete

TITLE
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STREET ADDRESS
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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Dorit Kaneti **DORIT KANETI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6-12-02 9549231726

DAYTIME PHONE #

CR2E034 (9/01)