

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088863

1. Entity Name

HARBOR LIGHTS RETIREMENT FACILITY, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90009 004 \*\*\*158.75

Principal Place of Business

Mailing Address

3208 N.E. 9TH STREET  
POMPANO BEACH FL 33062

3208 N.E. 9TH STREET  
POMPANO BEACH FL 33062-3908

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

65-0870814

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

URBANSKI, MARIA  
3208 N.E. 9TH STREET  
POMPANO BEACH FL 33062

Name

MARIA KROPIEWNICKI

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

3208 N.E. 9TH STREET

City

POMPANO BEACH

FL

Zip Code

33062

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 MARIA KROPIEWNICKI

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

Maria Kropiewnicki

(NOTE: Registered Agent signature required when reinstating)

4/17/00

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, 2000 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 KROPIEWNICKI, MARIA  
STREET ADDRESS 3208 N.E. 9TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: MARIA KROPIEWNICKI Maria Kropiewnicki 4/17/00 (954) 785-6484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)