

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90146 046 \*\*\*158.75

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**DOCUMENT # P98000089989**

1. Entity Name  
**DELA CRUIZ ASSISTED LIVING FACILITY INC.**



Principal Place of Business  
**7220 SW 14TH ST  
N LAUDERDALE FL 33068**

Mailing Address  
**7220 SW 14TH ST  
N LAUDERDALE FL 33068**



2. Principal Place of Business  
**6416 Blvd of Champion**

3. Mailing Address  
**6416 Blvd of Champion**

Suite, Apt. #, etc.  
**North Lauderdale**

Suite, Apt. #, etc.  
**N. Lauderdale**

City & State  
**FL 33068**

City & State  
**FL**

☐ CHECK HERE IF MAKING CHANGES

Zip  
**33068**

Country  
**Broward**

Zip  
**33068**

Country  
**Broward**

4. FEI Number  
**65-0899908**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELANEY, MARJORIE M  
7220 SW 14TH ST  
N LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name  
**Marjorie Delaney**  
Street Address (P.O. Box Number is Not Acceptable)  
**6416 Blvd of Champion**  
City  
**North Lauderdale** FL Zip Code  
**33068**

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

(NOTE: Registered Agent signature required when reinstating)

**2/20/03**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELANEY, MARJORIE M</b> <b>7220 SW 14TH ST</b> <b>N LAUDERDALE FL 33068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Marjorie M Delaney</b> <b>6416 Blvd of Champion</b> <b>N. Lauderdale, FL 33068</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Marjorie Delaney**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/03** (954) 973-5903  
Date Daytime Phone #

CR2E034 (10/02)