

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90032 011 ***150.00

DOCUMENT # P98000103928

1. Entity Name

UNITED SENIOR ALLIANCE, INC.

Principal Place of Business

**1281 NORTH OCEAN DRIVE
 SUITE 130
 SINGER ISLAND FL 33404**

Mailing Address

**1415 E. SUNRISE BLVD.
 SUITE 100
 FT. LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

5600 NW 102 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE M

City & State

City & State

SUNRISE FL

Zip

Country

Zip

Country

33351 USA

4. FEI Number

65-0888045

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

GRESS, RONALD

1415 E. SUNRISE BLVD.

SUITE 100

FT. LAUDERDALE FL 33304

Name

RONALD GRESS

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

5600 NW 102 AVE

SUITE M

City

SUNRISE

FL

Zip Code

33351

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 signature required when reinstating)

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, 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	D	<input type="checkbox"/> Delete
NAME	GRESS, RONALD	
STREET ADDRESS	1281 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BERNARD	
STREET ADDRESS	1281 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD GRESS	
STREET ADDRESS	5600 NW 102 AVE	
CITY-ST-ZIP	SUITE M SUNRISE, FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, BERNARD	
STREET ADDRESS	5600 NW 102 AVE	
CITY-ST-ZIP	SUITE M SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02
 Date

954-747-4444
 Daytime Phone #

CR2E034 (9/01)