

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001440

1. Entity Name

THE POINTE RETIREMENT LIVING, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90023 032 ***550.00

Principal Place of Business

999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address

999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

1190 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

North Tower

City & State

City & State

North Miami, FL

Zip

Country

Zip

33181

Country

USA

4. FEI Number

65-0887576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHEL, JACK J
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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 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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MICHAEL, JACK
STREET ADDRESS 999 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE VD
NAME ESFORMES, PHILIP
STREET ADDRESS 999 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9-11-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)