

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001440

1. Entity Name  
THE POINTE RETIREMENT LIVING, INC.

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90026 037 \*\*\*150.00

Principal Place of Business

999 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

Mailing Address

11190 BISCAYNE BLVD  
NORTH TOWER  
MIAMI FL 33181

2. Principal Place of Business

3051 E. 4th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

4. FEI Number 65-0887576

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

Country

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 Norman J. Ginsparg

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

11190 Biscayne Blvd  
North Tower

City

No. Miami

FL

Zip Code

33181

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

*Norman J. Ginsparg, Registered Agent 4-20-01*

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, 2001 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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7031 SW 62 AVE.  
CITY-ST-ZIP South Miami, FL 33143

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3737 W. Arthur  
CITY-ST-ZIP Lincolnwood, IL 60712

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack J. Michel*

4-24-01

Date

305-284-7700

Daytime Phone #

CR2E034 (10/00)