

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027686

1. Entity Name  
SENIORS RESOURCES FOR SOUTH FLORIDA, INC.

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90016 023 \*\*\*150.00

Principal Place of Business

8565 SW 152 AVE., UNIT 123  
MIAMI FL 33193

Mailing Address

8565 SW 152 AVE., UNIT 123  
MIAMI FL 33193

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33125

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33125

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0910021

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

ROSADO, NITZA  
8565 SW 152 AVE., UNIT 123  
MIAMI FL 33193

Name

NITZA ROSADO

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

60 N.W. 32ND CT

City

MIAMI

FL

Zip Code

33125

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROSADO, NITZA  
CITY-ST-ZIP 8565 SW 152 AVE., UNIT 123  
MIAMI FL 33193

TITLE ☒ Change ☐ Addition  
NAME DIP  
STREET ADDRESS NITZA ROSADO  
CITY-ST-ZIP 60 N.W. 32ND CT.  
MIAMI, FL 33125

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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

Date

Daytime Phone #

CR2E034 (10/00)