

# 2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90110 015 \*\*\*150.00

DOCUMENT # P99000027686

1. Entity Name

SENIORS RESOURCES FOR SOUTH FLORIDA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1419 RED ROAD

3. Mailing Address

1419 RED ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST MIAMI, FL

City & State

WEST MIAMI, FL

4. FEI Number

65-0910021

Applied For

Not Applicable

Zip

33144

Country

Zip

33144

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NITZA ROSADO

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

1419 RED ROAD

City

WEST MIAMI

FL

Zip Code

33144

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

NITZA ROSADO

04-10-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	NITZA ROSADO D/P 1419 RED ROAD WEST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T JOSEFINA TORRES 1419 RED ROAD WEST MIAMI, FL 33144
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-02

Date

786-295-2130

Daytime Phone #

CR2E034B (12/01)