

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040888

1. Entity Name

SKYVINE GARDENS RESIDENTIAL CARE, INC.

Principal Place of Business

813 SW 9TH ST.
HALLANDALE FL 33009

Mailing Address

813 SW 9TH ST.
HALLANDALE FL 33009

2. Principal Place of Business

813 SW 9th St
Suite, Apt. #, etc.

3. Mailing Address

825 SW 9th St
Suite, Apt. #, etc.

City & State

Hallandale FL
33009

City & State

Hallandale FL
33009

4. FEI Number

65-0918042

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

SP

6. Name and Address of Current Registered Agent

FRIEDMAN, ROBERT J
1150 E. HALLANDALE BEACH BLVD., STE. A
HALLANDALE FL 33009

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

Robert J. Friedman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/9/00

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 \$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.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SUJBALLIE, ESSALENA	
STREET ADDRESS	813 SW 9TH ST., APT. #2	
CITY-ST-ZIP	HALLANDALE FL 33009	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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

ESSALENA SUJBALLIE

Date

Daytime Phone #

11/9/00 944-483770

FILED
00 DEC -7 PM 5: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

0025400

CR2E034 (5/00)