

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED**Jun 19, 2000 8:00 am**
Secretary of State

05-19-2000 90020 017 ***150.00

DOCUMENT # P99000058782

1. Entity Name

SENIOR HOPE CENTER, CORP

Principal Place of Business

C/O NAT NACCARATO & ASSOCIATES, P.A.
10717 SW 104 ST.
MIAMI FL 33176

Mailing Address

C/O NAT NACCARATO & ASSOCIATES, P.A.
10717 SW 104 ST.
MIAMI FL 33176-8162**CHANGE ADDRESS!!**

2. Principal Place of Business

10711 S W 104 Street
Suite, Apt. #, etc.

3. Mailing Address

10711 S W 104 Street
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Miami, Florida 33176

Zip

Country

4. FEI Number

65-0931752

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NACCARATO, NAT
10717 SW 104 ST.
MIAMI FL 33176**CHANGE ADDRESS!!**

7. Name and Address of New Registered Agent

Name

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

10711 S W 104 Street

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **VP/D**
STREET ADDRESS **Rakel M Alonzo**
CITY-ST-ZIP **10711 S W 104 Street**
Miami, Florida 33176TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Rakel M Alonzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Rakel M Alonzo 4-29-2000 (305) 598-2276**
Date Daytime Phone

CR2E034 (9/99)