

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000105578**

1. Entity Name
NATIONWIDE SENIOR HEALTHCARE, INC.

Principal Place of Business
**7751 WEST BROWARD BOULEVARD
PLANTATION FL 33324**

Mailing Address
**PO BOX 546752
MIAMI FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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 \$550.00
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D SHAULSON, ABRAHAM**
STREET ADDRESS **7751 WEST BROWARD BOULEVARD**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/01

Date

305-864-9891

Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90116 040 ***150.00



DO NOT WRITE IN THIS SPACE

UNIFORM AV

CR2E034 (5/01)

Attachment
#P99 000 105578
B0063219

August 6, 2001

Division of corporations
409 East Gaines Street
Tallahassee, FL. 32399

Re: annual renewal

Attached is the application with the fee in the amount of \$150.00. Please understand that this is the first year that this corporation is filing a renewal and so we are requesting that you accept this filing even though it is late. We are not aware that we received a renewal earlier and were advised to send this letter along with the application.

Should you have any questions, please call us at (305) 864-9191.

Thanking you in advance for your anticipated cooperation,

Thank you,

Abdullah J. J. Sa