

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108747

1. Entity Name

NIGHTINGALE GARDENS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90035 043 ***150.00

Principal Place of Business

1753 MICHIGAN AVENUE
MIAMI BEACH FL 33139

Mailing Address

1753 MICHIGAN AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

12221 W. Dixie Highway
Suite, Apt. #, etc.

3. Mailing Address

12221 W. Dixie Highway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

No. Miami FL.

Zip

33161

Country

USA

City & State

No. Miami, FL.

Zip

33161

Country

USA

4. FEI Number

65-0971711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ-SIAM, FRANK ESQ
265 SEVILLA AVENUE
CORAL GABLES FL 33134

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

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 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	BLACK, FLORENCE	
STREET ADDRESS	1753 MICHIGAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Black-Gordon, Florence	
STREET ADDRESS	21010 NE 24th Ct.	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Black-Russell, Yvonne	
STREET ADDRESS	717 NE 75th St.	
CITY-ST-ZIP	Miami, FL 33138	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Black, Ivan	
STREET ADDRESS	667 NE 75th St.	
CITY-ST-ZIP	Miami, FL 33138	
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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

(305) 893-2634

Daytime Phone #

CR2E034 (9/99)