

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-28-2002 90151 030 ***158.75

DOCUMENT # P99000108747

1. Entity Name

NIGHTINGALE GARDENS, INC.

Principal Place of Business

**12221 N DIXIE HWY
 MIAMI FL 33161**

Mailing Address

**12221 N DIXIE HWY
 MIAMI FL 33161**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, 2002 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 PRESIDENT	<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	Florence I. Black	
STREET ADDRESS	135 NE 94th St.	
CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Yvonne Black	
STREET ADDRESS	10901 Giffing Blvd.	
CITY-ST-ZIP	Biscayne Park, FL 33161	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Edna Black	
STREET ADDRESS	667 NE 73rd 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
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:

Florence Black
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 (305) 893-2634
 Date Daytime Phone #

CP2E034 (9/01)