

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90114 018 ***150.00

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**

00001606



2. Principal Place of Business
12221 W. DIXIE HWY.
Suite, Apt. #, etc.

3. Mailing Address
← SAME
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL 33161
Zip
33161 Country
U.S.A.

City & State
← SAME
Zip
← SAME 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 ESO
265 SEVILLA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
FLORENCE BLACK

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

12221 WEST DIXIE HWY.

City
NORTH MIAMI FL 33161

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Florence Black (FLORENCE BLACK DP)**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-20-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLACK, FLORENCE 1753 MICHIGAN AVENUE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACK, FLORENCE I 135 NE 94TH SR MIAMI FL 32138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACK, YUENNE 10901 FRIFFING BLVD BISCAYNE PARK FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLACK, IVAN 667 NE 73RD PL MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

2-20-03 (305) 893-2634
Date Daytime Phone #

CR2E034 (10/02)