

Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**AMEND
APPROVED
AND
FILED**

DOCUMENT # *P99000110066*

1. Entity Name

GOLDEN YEARS FOR THE ELDERLY, CORP.

02 SEP 18 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

13184 SW 19TH TERR

3. Mailing Address

PO BOX 441945

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33175

Country
USA

Zip
33144

Country
USA

4. FEI Number

65-0969599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

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

343 ALMERIA AVENUE

City CORAL GABLES,

FL

Zip Code
33134

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PD Diaz, Maria S. 13184 S.W. 19 th Terr. Miami
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Yern, Teresa 13184 S.W. 19 th Terr. Miami, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Dominguez, Ramon A. 13184 S.W. 19 th Terr. Miami, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Loreau, Israel 13184 S.W. 19 th Terr. Miami, FL
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)