

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91902 023 \*\*\*150.00

**DOCUMENT # 538989**  
1. Entity Name  
**All America Adult Congregate Living Facility, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**808 West 1 Ave**  
State, Apt. #, etc.

3. Mailing Address  
**808 West 1 Ave**  
State, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
**Hialeah FL**

City & State  
**Hialeah FL**

4. FEI Number  
**65-0337296**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**Teresita M. Feal**

Street Address (P.O. Box Number is Not Acceptable)  
**410 SW 27 Rd**

City  
**Miami** FL Zip Code  
**33129**

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 **X** **Feal** **Teresita M. Feal** DATE **4/30/03**

9. This corporation is eligible to elect to be a small business for filing requirements and effects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution  \$6.00 May be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-SP	<b>PSB MARCELINO FEAL 410 SW 27 Rd MIAMI FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-SP	<b>VTB TERESITA FEAL 410 SW 27 Rd MIAMI FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-SP	
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TITLE NAME STREET ADDRESS CITY-ST-SP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 107, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other the employees.

SIGNATURE: **X** **Feal** **Teresita M. Feal** DATE **4/30/03** **853-9761**