## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # V37363** 1. Entity Name SENIOR RETIREMENT HOME, INC. Principal Place of Business Mailing Address

## FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90091 049 \*\*\*150.00

8 SW 51H S MI FL 33135		MIAMI FL 33135-2845				
Principal Place of Business 3 Suite, Apt. #, etc. City & State		3. Mailing Address				
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
		City & State		4. FEI Number 65-0335960 Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent		
-	o. Hame and Address of Curren	it riegistered Agent	Name	B		
2978	RIGUEZ, JOSE, JR. 3 SW 5TH ST.		Street Addres	(P.O. Box Number is Not Acceptable)		
MIAN	AI FL 33135		City	FL Zip Code		
NATURE			DTE: Registered Agent signature requ	istered agent, or both, in the State of Florida.		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1,	N!!! FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of \$			
	OFFICERS AN	ID DIRECTORS	. 12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
. ADURESS . ST-ZIP	D RODRIGUEZ, JOSE, JR. 2978 SW 5TH ST. MIAMI FL	☐ Deletê	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	☐ Change ☐ Add		
.: AUGHUSS ST ZIP	D RODRIGUEZ, JOSE, SR. 2978 SW 5TH ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
ST ZIP	D RODRIGUEZ, CANDIDA 2978 SW 5TH ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adi		
ADDRESS .		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
ADDRESS ST ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adi		
- ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Ade		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #