## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## V37363 **DOCUMENT #**

1. Entity Name

SENIOR RETIREMENT HOME, INC.



## **FILED** Mar 06, 2003 8:00 am 5 Secretary of State

03-06-2003 90125 003 \*\*\*150.00

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Principal Place of Business 2978 SW 5TH ST. MIAMI FL 33135		2978	Mailing Address 2978 SW 5TH ST. MIAMI FL 33135								
2. Principal Place of Business			3. Mailing Address						31811 81811 81		
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. FEI Number 65-0335			Applied For Not Applicable		
Zip	Country		Zip Coun		try	y 5. Certificate of Statu		s Desired   \$8.75 Ad Fee Require		litional	
6. Name and Address of Current Registered Agent						7. N	lame and Address of New Re	gistered Ag	jent		
					Name .						
RODRIGUEZ, JOSE, JR. 2978 SW 5TH ST.			Si			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33135											
					City			FL	Zip Code	e	
	named entity submits this statement for	or the purp	ose of changing its	egistere	ed office or regi	stered age	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
0.04.47.105	.;									}	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	blicable. (NOTE:	Registered	d Agent signature rec	uired when rei	nstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				ा पर धुरू र ा	÷ \ • #	9. Election Campaign Final Trust Fund Contribution.			O May Be to Fees	
	k Payable to Florida Department o  OFFICERS AND		) De	11.			DITIONS/CHANGES TO OFFIC	EDG AND I	DECTOR	2 IN 11	
TITLE	D OFFICERS AND	DIRECTO	□ Delete	TITLE		AUI	DITIONS/CHANGES TO OFFIC		☐ Change	Addition	
NAME	RODRIGUEZ, JOSE, JR.		□ bolot	NAME							
	2978 SW 5TH ST.				ET ADDRESS						
CITY-SŤ-ZIP	MIAMI FL			+	-ST-ZIP					- Addising	
TITLE NAME	D  RODRIGUEZ, JOSE, SR.		☐ Delete	TITLE	I				☐ Change	Addition	
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TITLE	D		Delete	TITLE	I				Change	☐ Addition }	
NAME STREET ADDRESS	RODRIGUEZ, CANDIDA 2978 SW_5TH_ST			NAME	ET ADDRESS						
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CITY-ST-ZIP	;			CITY-	ST-ZIP						

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:

Daytime Phone #