

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90200 025 ****61.25

DOCUMENT # N25141

1. Entity Name
UFSB ASSOCIATION, INC.



Principal Place of Business

3850 HOLLYWOOD BLVD
STE 400
HOLLYWOOD, FL 33021 US

Mailing Address

3850 HOLLYWOOD BLVD
STE 400
HOLLYWOOD, FL 33021 US

DO NOT WRITE IN THIS SPACE



04242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0123126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNFELD, ROBERT M
3850 HOLLYWOOD BLVD STE 400
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	KNOX, SONIA
STREET ADDRESS	3850 HOLLYWOOD BLVD
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	V
NAME	CHANDAR, JAY
STREET ADDRESS	3850 HOLLYWOOD BLVD #202
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	DP
NAME	CORNFELD, ROBERT M.
STREET ADDRESS	3850 HOLLYWOOD BLVD #400
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	ALVES, NEY R
STREET ADDRESS	3850 HOLLYWOOD BLVD #18
CITY - ST - ZIP	HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert M. Cornfeld 4/28/08 (954) 989-2200