

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90008 034 \*\*\*\*61.25

**DOCUMENT # N42552**

1. Entity Name

**SUPER SENIORS SITE ADVISORY COUNCIL, INC.**

Principal Place of Business

301 NW 103 AVENUE  
 PEMBROKE PINES FL 33026  
 US

Mailing Address

301 NW 103 AVENUE  
 PEMBROKE PINES FL 33026  
 US

2. Principal Place of Business

301 N.W. 103 Avenue

Suite, Apt. #, etc.

3. Mailing Address

301 N.W. 103 Avenue

Suite, Apt. #, etc.

City & State  
 Pembroke Pines, FL

City & State  
 Pembroke Pines, FL 33026

Zip Country  
 33026 Broward

Zip Country  
 33026 Broward

4. FEI Number  
 65-0290126

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VERONICA DI STEFANO  
 2331 BAYBERRY DRIVE  
 PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Veronica Di Stefano* DATE *1-10-2001*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
VPD	IORIO, ELIZABETH		
801 S.W. 133 TERRACE			
PEMBROKE PINES FL 33027			
SD	CONA, LUCY		
12500 SW 6TH STREET			
PEMBROKE PINES FL			
PD	MUNDO, MARY	PD	Helen Denker
7861 JOHNSON STREET		1000 SW 125 Avenue	
PEMBROKE PINES FL 33024		Pembroke Pines, FL 33027	

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 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: *Lucy Conca* **REQUIRED** 1/10/2001 LUCY CONCA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)