

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90117 003 \*\*\*\*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
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2. Principal Place of Business 301 NW 103 AVENUE	3. Mailing Address 301 NW 103 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PEMBROKE PINES	City & State PEMBROKE PINES
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Zip 33026	Country BROWARD	Zip 33026	Country BROWARD
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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 **AGNES PRESLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**401 NW 103 AVENUE APT 360**  
 City **PEMBROKE PINES** **FL** Zip Code **33026**

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 *Agnes Presler* X *Agnes Presler* 3/18/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing - Trust Fund Contribution.  **\$5.00** May Be Added to Fees  **Make Check Payable to Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>IORIO, ELIZABETH</b> <b>801 S.W. 133 TERRACE</b> <b>PEMBROKE PINES FL 33027</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CONA, LUCY</b> <b>12500 SW 8TH STREET</b> <b>PEMBROKE PINES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DENKER, HELEN</b> <b>1000 SW 125 AVENUE</b> <b>PEMBROKE PINES FL 33027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>VERONICA DI STEFANO</b> <b>2331 BAYBERRY DRIVE</b> <b>PEMBROKE PINES, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROSE FITZPATRICK</b> <b>601 NW 103 AVENUE APT 466</b> <b>PEMBROKE PINES, FL 33026</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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: *Agnes Presler* **SIGNATURE REQUIRED** 1/17/02 (954) 450-6888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)