

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45206

1. Entity Name

SOUTH FLORIDA COMPLIANCE ASSOCIATION, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90005 028 ****61.25

Principal Place of Business

Mailing Address

~~C/O REPUBLIC NATIONAL BANK ALAN LEVY~~
~~2800 PONCE DE LEON BLVD~~
~~CORAL GABLES FL 33134~~
 US

ROBERT F. MAHONEY
 3801 N. FEDERAL HWY.
 POMPANO BCH FL 33064
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

50 LARRY GOLDBERG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2159 CORAL WAY

City & State

City & State

Miami FL

4. FEI Number

65-0428320

Applied For

Not Applicable

Zip

Country

33145

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHONEY, ROBERT F
 3801 N. FEDERAL HWY.
 POMPANO BCH FL 33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, LARRY M	
STREET ADDRESS	7545 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALAN LEVY	
STREET ADDRESS	2800 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HOUNG, WALTER	
STREET ADDRESS	450 AUSTRALIAN AVE.	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GARMAN, MELANIE	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARM, JEANETTE	
STREET ADDRESS	48 E. FLAGLER ST. #120	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANETTE GARM I 20	
STREET ADDRESS	48 EAST FLAGLER	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY GOLDBERG	
STREET ADDRESS	7159 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY WOOTTON	
STREET ADDRESS	220 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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

LARRY GOLDBERG 7/7/00 954-784-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)