2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90374 039 ****61.25

DOCUMENT # N95000004564

1. Entity Name
CRAWFORD CENTER, INC.

Principal Place of Business	Mailing Address
3521 W. BROWARD BLVD 3RD FLOOR FT. LAUDERDALE FL 33312 US	3521 W. BROWARD BLVD 3RD FLOOR FT. LAUDERDALE FL 33312 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0610247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, MANUEL
3191 CORAL WAY
3RD FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: MENENDEZ - MANUEL
Street Address (P.O. Box Number is Not Acceptable): 3521 West Broward Blvd.
Suite 300
City: Ft. Lauderdale FL Zip Code: 33312

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: _____ Manuel E. Menendez 4/16/2003
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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MENENDEZ, MANUEL 8780 SW 122ND ST MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Peter Myrtetus 2828 CORAL WAY Suite 2 Miami FL 33145	☐ Change ☑ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CAMBO, PATRICIA 3045 ALHAMBRA CT CORAL GABLES FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Treasurer RON TEASDALE 6620 SW 77 TERR Miami FL 33143	☐ Change ☑ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUERO, FRANK 3191 CORAL WAY, SUITE 404 MIAMI FL 33145	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Richard Lopez 5831 NW 33 Ave Ste 105 FT Lauderdale FL 33309	☐ Change ☑ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SUAREZ, CARLOS MD 724 ALHAMBRA CIR CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Holly Scott 2201 Congress Park Drive Suite 245 Del Ray Beach FL 33445	☐ Change ☑ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ZAMORA, JORGE 3191 CORAL WAY, SUITE 404 MIAMI FL 33145	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BICHARRA, BLANCA 2277 NW 82 AVENUE MIAMI FL 33122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Manuel E. Menendez 4/16/2003 (954) 587-1008