

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006924

**FILED
Apr 20, 2004
Secretary of State**

Entity Name: UNITED FAMILY & COMMUNITY REDEVELOPMENT INC.

Current Principal Place of Business:

1100 NE 125TH ST., STE. 107
N. MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1100 NE 125TH ST., STE. 107
N. MIAMI, FL 33161

New Mailing Address:

FEI Number: 52-2207593 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSEMOND, SERGE
1100 NE 125TH ST., STE. 107
N. MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAPORTE, DENISE
Address: 3320 NW 40TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VD () Delete
Name: WALCOTT, DELPHINA
Address: 3320 NW 40TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SD () Delete
Name: SARAZIN, SERGE
Address: 3320 NW 40TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: TD () Delete
Name: LAZARRE, SACHA
Address: 3320 NW 40TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE LAPORTE

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date