

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90059 035 ****61.25

DOCUMENT # N99000006924
1. Entity Name
UNITED FAMILY & COMMUNITY REDEVELOPMENT INC.



Principal Place of Business
**1100 NE 125TH ST., STE. 207
N. MIAMI FL 33161**

Mailing Address
**1100 NE 125TH ST., STE. 207
N. MIAMI FL 33161**

2. Principal Place of Business
1100 NE 125 Street
Suite, Apt. #, etc.
Suite # 107

3. Mailing Address
1100 NE 125 Street
Suite, Apt. #, etc.
Suite # 107

City & State
N. Miami, Florida

City & State
N. Miami, Florida

Zip
33161

Country
USA

Zip
33161

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2207593**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSEMOND, SERGE
1100 NE 125TH ST., STE. 207
N. MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name
Rosemond Serge

Street Address (P.O. Box Number is Not Acceptable)
1100 NE 125 Street

Suite #
107

City
N. Miami

State
FL

Zip Code
33161

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: **SERGE ROSEMOND** **4/24/03**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAPORTE, DENISE	
STREET ADDRESS	3320 NW 40TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALCOTT, DELPHINA	
STREET ADDRESS	3320 NW 40TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SARAZIN, SERGE	
STREET ADDRESS	3320 NW 40TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAZARRE, SACHA	
STREET ADDRESS	3320 NW 40TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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: **DENISE LAPORTE** **4/24/03** **305 899-7200**

CR2E037 (10/02)