2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90011 001 ****61.25

DOCUMENT # 741497

1. Entity Name

FAMILY RESOURCE CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
9500 S DADELAND BLVD SUITE 350 MIAMI FL 33156 US	9500 S DADELAND BLVD SUITE 350 MIAMI FL 33137-3244 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4770 Biscayne Blvd.	4770 Biscayne Blvd.
Suite, Apt. #, etc.: Suite # 610	Suite, Apt. #, etc.: Suite # 610
City & State: Miami, FL	City & State: Miami, FL
Zip: 33137 Country: U.S.A	Zip: 33137 Country: U.S.A

4. FEI Number: 59-1788265 ☐ Applied For ☐ Not Applicable

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
COHAN, EVELYN 2127 BRICKELL AVENUE BRISTOL TOWER MIAMI FL 33129	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: Oren Wunderman, Ph.D. 1/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Oren Wunderman, Ph.D Executive Director

FILE NOW: FEE IS $61.25	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GARRETT, BARBARA 5980 MIAMI LAKES DR., WINDMERE CORP. MIAMI LAKES FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCKENNA, ERIC 8844 S.W. 72 STREET #I-154 MIAMI FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHAN, EVELYN 2127 BRICKELL AVENUE, BRISTOL TOWER MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OLDIGES, MARY 9500 S. DADELAND BLVD. SUITE 350 MIAMI FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Director OREN WUNDERMAN,Ph.D. 4770 Biscayne Blvd.#610 Miami, FL 33137 ☒ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLER, JOHN 3250 MARY STREET STE. 302 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio

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 Oren Wunderman, Ph.D. 1/18/00 305 576-619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OREN WUNDERMAN, Ph.D.