

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90078 029 ****61.25

DOCUMENT # 741497

1. Entity Name

FAMILY RESOURCE CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**4770 BISCAYNE BLVD
 SUITE 610
 MIAMI FL 33156
 US**

**4770 BISCAYNE BLVD
 SUITE 610
 MIAMI FL 33156
 US**

2. Principal Place of Business

4770 Biscayne Blvd.

Suite, Apt. #, etc.

Ste# 610

City & State

Miami, FL

Zip

33137

Country

US

3. Mailing Address

4770 Biscayne Blvd.

Suite, Apt. #, etc.

Ste# 610

City & State

Miami, FL

Zip

33137

Country

US



DO NOT WRITE IN THIS SPACE

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

**COHAN, EVELYN
 2127 BRICKELL AVENUE
 BRISTOL TOWER
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

Wunderman, Oren Ph.D.

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

10850 S.W. 136th Court

City

Miami

FL

Zip Code

33186

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. **Ph.D. Oren Wunderman, Ph.D. / Exec.Dir. 1-16-02**

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **CD GARRETT, BARBARA**
 STREET ADDRESS **5980 MIAMI LAKES DR., WINDMERE CORP.**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
 NAME **TD MCKENNA, ERIC**
 STREET ADDRESS **8844 S.W. 72 STREET #I-154**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ Delete
 NAME **D COHAN, EVELYN**
 STREET ADDRESS **2127 BRICKELL AVENUE, BRISTOL TOWER**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME **ED WUNDERMAN, OREN PHD**
 STREET ADDRESS **4770 BISCAYNE BLVD #610**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
 NAME **D KELLER, JOHN**
 STREET ADDRESS **3250 MARY STREET STE. 302**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **CD McKenna, Eric**
 STREET ADDRESS **8844 S.W. 72 Street #I-154**
 CITY-ST-ZIP **Miami, FL 33173**

TITLE ☒ Change ☐ Addition
 NAME **D Garrett, Barbara**
 STREET ADDRESS **5980 Miami Lakes Dr., Windmere Corp**
 CITY-ST-ZIP **Miami-Lakes, FL 33014**

TITLE ☐ Change ☒ Addition
 NAME **TD Greenberg, Jacqueline C.P.A.**
 STREET ADDRESS **3035 North Bay Road.**
 CITY-ST-ZIP **Miami-Beach, FL 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oren Wunderman, Ph.D. **Oren Wunderman, Ph.D. 1-16-02 (305) 576-6190**

Date

Daytime Phone #

CR2E037 (9/01)