

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 747624

FILED
May 01, 2003
Secretary of State

Entity Name: SOUTH FLORIDA CENTER FOR FINANCIAL TRAINING, INC. (SFCFT)

Current Principal Place of Business:

ROOM 3704-10
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

245 NE 4TH ST
ROOM 3704-10
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 59-1293887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAGUNA, CONNIE
245 NE 4TH ST ROOM 3704-10
MIAMI, FL 33132 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: CD () Delete
Name: HICKS, BETH
Address: 200 S. BISCAYNE BLVD., STE 4450
City-St-Zip: MIAMI, FL 33131

Title: M () Delete
Name: LAGUNA, CONNIE,
Address: 300 NE 2ND AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LOPEZ, ROBERT
Address: 200 S BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: ADLER, KURT
Address: 700 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: MOYNAHAN, STEPHEN SVP/CCO
Address: 121 ALHAMBRA CIRCLE, PH1
City-St-Zip: CORAL GABLE, FL 33134

Title: D () Change (X) Addition
Name: EGGLAND, DANIEL PRES.
Address: 2701 S. BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

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: CONNIE LAGUNA

M

05/01/2003

Electronic Signature of Signing Officer or Director

Date