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

FILED Feb 20, 2003 8:00 am Secretary of State 01-31-2003 90096 013 ****61.25

1/3:

DOCUMENT # 756764 1. Entity Name SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.									
Principal Place of Business Mailing Address 1835 SOUTH PÉRIMETER ROAD P.O. BOX 891 SUITE 125 FORT LAUDERDALE FL 33309			2		f 1681H 1682F G1	ra suus kaduk ausu ardi didin k	01 0 14 0 1032 01011 011	NII R 16(1) (1 16)	
2. Principal F	Place of Business	3. Mailing Address		-					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		. City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip Country		Zip Country			5. Certificate of Status Desired			ditional	
	6. Name and Address of Current Re	pistered Agent				ress of New Registere			l
			Name					_	
	ER. 3000		Stree	<u>JOHN</u> t Address (P	H. LEVEY P.O. Box Number is N	lot Acceptable)			ŀ
1835 SOUTH PERIMETER ROAD				1835 So.Perimeter Road - Suite 125					İ
SUITE 12									
FUHI LA	UDERDALE FL 33309		City	FORT	LAUDERDALE	F	Zip Coo	809	
	named entity submits this statement for th	e purpose of changing its r	registered office	or registere	ed agent, or both, in t	the State of Florida. 1 a	m familiar with,	and accept	
tué opliga:	tions of registered agent.	ψ [*] .	A.	11:	· <i>D</i>				
SIGNATURE	JOHN H. LEVEY - Presi	dent`	Holly	ell.	June	Jan.	21, 2003	3 '	
ORGINATIONE	Signature, typed or printed name of registered agent and	atle if applicable. (NOTE:	Registered Agent sig	nature required v	when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Campai Trust Fund Contr					\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of		
10.	OFFICERS AND DIREC	TORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE	×	☐ Defete	TITLE	PRE	ESIDENT	- 	Change	☐ Addition	ĝ
NAME	LÉVEY, JOHN H		NAME	ļ			•	·	50
STREET ADDRESS CITY-ST-ZIP	14370 68 DRIVE NORTH IPALM BEACH GARDENS FL 33416		STREET ADDRESS	S			_]	037
	S	☐ Delete	TITLE				Change ·	Addition	CR2E037 (10/02)
NAME	MICHAELS, MARIETTA	CT Dakera	NAME	TREA	SURER		Citalife	[_] Addition	Ö
STREET ADDRESS	1835 SOUTH PERIMETER, RD., #125	e a sman e e asse	STREET ADDRES	s (المستناه معي	يوار فالتشاعية فضراني أأرار		į	2
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	·	CITY-ST-ZIP	CIVIDE					
TITLE	CASEY, SHIRLEY	C) Defete	TITLE	CHRIS	STINE PARSL	EY	Change	Addition	
NAME Street address	2318 DEER CREEK TRAIL	,	STREET ADDRES		B'Palm Wood				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	•	CITY-SI-ZIP		Beach Gard		10	_	i
TITLE	VP	Delete	TITLE	DIRE	ECTOR	•	Change	Addition	
NAME	GREEN, DAVID		NAME	LOU C	CRISCELLA				
STREET ADDRESS CITY-ST-ZIP	P.O BOX 13083 NORTH PALM BEACH FL 33408		STREET ADDRES	s 1835	So.Perimet	er Rd #126 , FL 33309			
TITLE	D D DEACH PE 33400	☐ Delete	DILE		<u>Lauderdale</u> ECTOR	, 10 0000	Change	Addition	
NAME	ZWILLING, JANICE	C Optob	NAME		ES LEVEY	•) Li somige	***************************************	
STREET ADDRESS	1835 SOUTH PERIMETER ROAD, #1	25	STREET ADDRESS		70 68th Dr n B each Gar	ive North	. 10		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP	Palm	n beach Gar	dens, FL 33	418	346	
TITLE	D Griffin, Thomas	Delete	TITLE NAME		e presid <mark>en</mark> t	•	∐ Change	Addition	
name Street address (P.O BOX 480184		STREET ADDRESS		C LONGO				
CITY-ST-ZIP	FT. LAUDERDALE FL 33348	-	CITY-ST-ZIP	P.O.	Box 8572	FL 33075			
40 11	certify that the information supplied with this	filing does not qualify for	he evemption s				artify that the in	víatia-a	

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 otherwise empowered.

SIGNATURE: MARIETHATULAMICHAEES

Jan.21, 2003

(954) 771-6900 Daytime Phone #