

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 766270

FILED
Mar 24, 2003
Secretary of State

Entity Name: THE INFORMED FAMILIES/THE FLORIDA FAMILY PARTNERSHIP, INC.

Current Principal Place of Business:

2490 CORAL WAY
MIAMI, FL 331453449

New Principal Place of Business:

Current Mailing Address:

2490 CORAL WAY
MIAMI, FL 331453449

New Mailing Address:

FEI Number: 59-2231894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAPP, PEGGY B
2490 CORAL WAY
MIAMI, FL 331453449 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: D () Delete
Name: JAKUBOWICZ, ELENA
Address: 2000 S BAYSHORE DR VILLA #44
City-St-Zip: COCONUT GROVE, FL

Title: PD () Delete
Name: SAPP, PEGGY B,
Address: 7201 SW 47TH CT
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: WILLIAMS DAVID JR.,
Address: 17640 NW 18 AVE.
City-St-Zip: MIAMI, FL 33056

Title: C () Delete
Name: CESARANO, GREGORY
Address: 100 SE 2 ST #4000
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: KORGE, DEBORAH
Address: 6121 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: HARTZ, JOY
Address: 25 TAHITI BEACH ISLAND
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WILLIAMS DAVID JR.,
Address: 17640 NW 18 AVE.
City-St-Zip: MIAMI, FL 33056

Title: D (X) Change () Addition
Name: CESARANO, GREGORY
Address: 100 SE 2 ST #4000
City-St-Zip: MIAMI, FL 33131

Title: C (X) Change () Addition
Name: KORGE, DEBORAH
Address: 6121 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change () Addition
Name: SHARP, BEVERLY A
Address: PO BOX 163839
City-St-Zip: MIAMI, FL 33116 US

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: PEGGY B. SAPP

P

03/24/2003

Electronic Signature of Signing Officer or Director

Date