

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # L66074**1. Entity Name
COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

10221 TAFT ST., STE. 2

PEMBROKE PINES
33026

FL

Mailing Address

10221 TAFT ST., STE. 2

PEMBROKE PINES
33026

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0216617

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LARSEN, MARTIN R.
10221 TAFT ST., STE. 2PEMBROKE PINES
33026

US

FL

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/28/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VST	<input type="checkbox"/> Delete
NAME	JOHNSON, EARLY	
STREET ADDRESS	1490 S.W. 6TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	AZEBEOKHAI ANDREW	
STREET ADDRESS	2701 RIVERSIDE DR #B-51	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	LARSEN MARTIN R	
STREET ADDRESS	211 SW 113 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin R. Larsen

CPD

05/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)