

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90007 021 \*\*\*150.00

**DOCUMENT # L66074**

1. Entity Name

**COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, I  
 NC.**

Principal Place of Business

**10221 TAFT ST., STE. 2  
 PEMBROKE PINES FL 33026**

Mailing Address

**10221 TAFT ST., STE. 2  
 PEMBROKE PINES FL 33026**

2. Principal Place of Business

**8527 PINES BLVD.**

3. Mailing Address

**8527 PINES BLVD.**

Suite, Apt. #, etc.

**105**

Suite, Apt. #, etc.

**105**

City & State

**Pembroke PINES, FL**

City & State

**Pembroke PINES, FL**

Zip

**33024**

Country

**USA**

Zip

**33024**

Country

**USA**

4. FEI Number

**65-0216617**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LARSEN, MARTIN R.**

**10221 TAFT ST., STE. 2**

**PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name

**MARTIN R. LARSEN**

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

**8527 PINES BLVD.**

**Suite 105**

City

**Pembroke PINES**

**FL**

Zip Code

**33024**

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

*M. Larsen*

**MARTIN LARSEN, PRESIDENT**

**1/7/2002**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>205 SW 113 WAY</b>	
CITY-ST-ZIP	<b>Pembroke PINES, FL 33025</b>	
TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7630 NW 11 PLACE</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33322</b>	
TITLE	<b>V/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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:

*M. Larsen* **MARTIN LARSEN, PRESIDENT**

**1/7/2002**

**954-431-7866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)