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

FILED Feb 10, 2003 8:00 am

DOCU 1. Entity Nar HISTORIC	,			Secretary of State 02-10-2003 90144 027 ****61.25							
6600 UNIVERSITY DR. 6600 I			Mailing Address 6600 UNIVERSITY DR. PARKLAND FL 33067	O UNIVERSITY DR.		,					
2. Principal	Place of Business	3. Mailing Address	lailing Address								
			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
			City & State	Dity & State			4. FE! Number 65-1048501 Applied For				
Zip Country			Zip	Zip Cour			5. Certificate of Sta		□ \$8.75 Add]
	6 Name and A	Address of Current Re	gistered Agent	L	1				Fee Hequire	ed	4
		TOUTESS OF CUITETIC HE	gistered Agent		-Name	·	7. Name and Addi		stered Agent		_
	V. 82ND TERRACI	4			Street Add	dress (P	O. Box Number is N	ot Acceptable)			$\frac{1}{1}$
PARKLAN	ND FL 33067-1099									7	
			City			•	FL Zip Cod	e	┨		
the obliga	signature, typed or printed	gent. d name of registered agent and		E: Registere	d Agent signature	required w	/hen reinstating)	·	DATE		
	FILE NOW: FEE	Trust Fund C	Irust Fund Contribution.			\$5.00 May Be Added to Fees	Florida I	Check Payable Department of S	State		
TITLE	IPD	OFFICERS AND DIREC		11.		ΑI	ODITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS IN]
NAME Street addiress City-St-Zip	BOCKHOLD, HA 7373 N.W. 82ND PARKLAND FL		☐ Delete		ř				☐ Change	☐ Addition	20/04/ /20/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD DENEHAN, WALI 6900 NW 83RD PARKLAND FL 3	Terr	☐ Delete	CITY-	E Et address -St-Zip	SY/ DEN GOOD	PD IA ITAN, WA IN BORD IN NO BORD	HER TERB F 33007	Change .	Addition	1000
	LYNOTT, HELEN 5917 N.W. 72ND PARKLAND FL 3	WAY	Delete	NAME STREE		- · · · · ·	enia (nomenia tiana)		□ Change	☐ Addition	
STREET ADDRESS	SEXTON, MARY 5816 N.W. 77TH PARKLAND FL 3	TERR.	☐ Delete						☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP			☐ Delete					, ,	∵ Change	☐ Addition	1
ITLE IAME TREET ADDRESS ITY-ST-ZIP			` 🗆 Delete		٠ ا				☐ Change	☐ Addition	

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 fustee empowered torexecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 61

SIGNATURE