

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005852

FILED
Mar 21, 2002 8:00 AM
Secretary of State

Entity Name: FRIENDSHIP CIRCLE OF FLORIDA, INC.

Current Principal Place of Business:

3291 FRANKLIN AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3291 FRANKLIN AVENUE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-1085999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELLIG, MENACHEM
3291 FRANKLIN AVENUE
COCONUT GROVE, FL 33133 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: PSD () Delete
Name: FELLIG, MENACHEM
Address: 2985 DAY AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD () Delete
Name: KASINSKY, MIKE
Address: 3291 FRANKLIN AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD () Delete
Name: WOLNOWICZ, VIRGINIA
Address: 3291 FRANKLIN AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: FELLIG, MENACHEM
Address: 2985 DAY AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VASD (X) Change () Addition
Name: FELLIG, YAKOV
Address: 3291 FRANKLIN AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPTD (X) Change () Addition
Name: WILSON, JUSTIN T
Address: 3291 FRANKLIN AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

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: MENACHEM FELLIG

P

03/21/2002

Electronic Signature of Signing Officer or Director

Date