

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90097 007 ****61.25

DOCUMENT # N00000008421

1. Entity Name

VICTORY RESTORATION COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

4289 GRIFFIN RD.
 FT. LAUDERDALE FL

Mailing Address

4289 GRIFFIN RD.
 FT. LAUDERDALE FL

80138595



2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

4. FEI Number

31-1751864

Applied For

Not Applicable

Zip *33314*

Country *US*

Zip *33314*

Country *US*

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEETING, LAWRENCE
 4289 GRIFFIN RD.
 FT. LAUDERDALE FL

Name

NONE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D SWEETING, LAWRENCE**
 STREET ADDRESS **1914 PLAYERS PL.**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D SWEETING, TAWANDA**
 STREET ADDRESS **1914 PLAYERS PL.**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D ALLEN, JANIE**
 STREET ADDRESS **4439 SW 23RD ST.**
 CITY-ST-ZIP **W. HOLLYWOOD FL 33023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D ANDERSON, GLORIA**
 STREET ADDRESS **3565 NW 86TH WAY**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D BALDWIN, AZELL**
 STREET ADDRESS **2326 MCCLELLAN ST.**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D TOLIVER, ANTHONY**
 STREET ADDRESS **2842 FILLMORE ST.**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **LAWRENCE SWEETING (954) 722-6213**

CR2E037 (4/02)