

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90091 013 ****61.25

DOCUMENT # N02000001481

1. Entity Name

SOUTH FLORIDA COMMUNITY SERVICE CENTER INC.



Principal Place of Business

**6967 WEST 29TH WAY
HIALEAH FL 33018**

Mailing Address

**6967 WEST 29TH WAY
HIALEAH FL 33018**

2. Principal Place of Business

5570 N.W. 61 ST.

3. Mailing Address

P.O. Box 670102

Suite, Apt. #, etc.

917

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

CORAL SPRINGS, FL.

Zip

33073

Country

U.S.A.

Zip

33067

Country

U.S.A.

4. FEI Number

04-3624735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

ELCIRA RODRIGUEZ

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

6967 NW. 29 WAY

City **Hialeah**

FL

Zip Code **33018**

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

Elcira Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

4-803

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**D JOAQUIN BENAVIDES
5570 N.W. 61 ST. #917
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**V GRETHER BENAVIDES
5570 N.W. 61 ST. #917
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**+ JULIAN FERRER
2620 BUTTERNWOOD AVE.
MIAMI, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**+ JOAQUIN GONZALEZ
3007 SW. 21 ST.
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**+ SANDY HIDALGO
5580 N.W. 61 ST. #613
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**S OSCAR SARMIENTO
414 NORTON PARK
ALTAMONTE SPRINGS, FL 32714**

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**

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CR2E037 (10/02)