

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23444

1. Entity Name

A CENTER FOR GROWTH, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90014 043 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
225 NE 8TH STREET SUITE 3 HOMESTEAD FL 33030	225 NE 8TH STREET SUITE 3 HOMESTEAD FL 33030-4709

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0017372	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WATERS, KAREN 225 NE 8TH ST, STE 3 S3 HOMESTEAD FL 33030

7. Name and Address of New Registered Agent		
Name		
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GARCIA, ROALD O.
STREET ADDRESS	3816 MCKINLEY STREET
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	VP
NAME	GARCIA, BETH
STREET ADDRESS	3816 MCKINLEY ST
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	SD
NAME	GARCIA, BETH
STREET ADDRESS	3816 MCKINLEY ST
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	T
NAME	WALTERS, KAREN
STREET ADDRESS	1430 NE 12TH STREET
CITY-ST-ZIP	HOMESTEAD FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] 4/20/00 (954) 927-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)