

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32114

1. Entity Name

POMPANO COMMUNITY DEVELOPMENT CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90127 035 ****61.25

Principal Place of Business BOX 10151 POMPANO BEACH FL 33061 US	Mailing Address PO BOX 10151 POMPANO BCH FL 33061-6151 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0270647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEIN, AL
 2202 S CYPRESS BEND DR
 UNIT 607
 POMPANO BCH FL 33069**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2200 S CYPRESS BEND DRIVE APT 105
 City **POMPANO BEACH** **FL** Zip Code **33069**

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEIN, A.L. 2202 CYPRESS BEND DR S POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 S CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, LEONA 2202 S CYPRESS BEND DR UNIT 607 POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 S CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEIN, ALAN 2202 S CYPRESS BEND DR UNIT 607 POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 S CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOFAL, KARL 2601 CARAN BOLA CIRCLE NORTH COCONUT CREEK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leona Stein* **1/10/2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)