

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90033 006 ****61.25

DOCUMENT # N32114

1. Entity Name

POMPANO COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

BOX 10151
 POMPANO BEACH FL 33061
 US

PO BOX 10151
 POMPANO BCH FL 33061
 US

1100 1144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2200 S. CYPRESS BEND DR
 Suite, Apt. #, etc. *#105*

P.O. Box 10151
 Suite, Apt. #, etc. *Pompano Beach*

City & State *Pompano Beach Fla*

City & State *Florida*

4. FEI Number **65-0270647**

Applied For
 Not Applicable

Zip *33069* Country *Broward*

Zip *33061* Country *Broward*

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

STEIN, AL
2200 CYPRESS BEND DRIVE
APT 105
POMPANO BCH FL 33069

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. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	ST STEIN, A.L. 2200 CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, LEONA 2200 CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEIN, ALAN 2200 CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
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"/> Delete
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
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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: *[Signature]* **SIGNATURE REQUIRED** *3/24/2001* *954-9738170*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)