

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90060 039 \*\*\*\*61.25

**DOCUMENT # N32114**  
 1. Entity Name  
**POMPANO COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business <b>2200 S CYPRESS BEND DR          105          POMPANO BEACH FL 33069          US</b>	Mailing Address <b>PO BOX 10151          POMPANO BCH FL 33061          US</b>
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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 <b>65-0270647</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST STEIN, AL D 2200 CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STEIN, LEONA D 2200 CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP STEIN, ALAN D 2200 CYPRESS BEND DRIVE APT 105 POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TOFAL, KARL 2801 CARAN BOLA CIRCLE NORTH COCONUT CREEK FL</b> <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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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"/> 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 of Stein* Date: 1/21/2002 Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)