


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

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90001 043 ****61.25

DOCUMENT # **N 32114**

1. Entity Name
POMPANO COMMUNITY DEVELOPMENT CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3331 N.W. 14th St

3. Mailing Address
P.O. Box 10151

Suite, Apt. #, etc.
POMPANO BEACH FLA.

City & State
POMPANO BEACH FLA.

City & State
POMPANO BEACH FLA.

Zip
33061

Country
BROWARD

Zip
33061

Country
BROWARD

50060008

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0270647** Applied For
N 32114 document # Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **ABRAHAM L. STEIN**

Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 10151

City **POMPANO BEACH** FL Zip Code **33061**

**DO NOT WRITE
IN THIS SPACE**

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 **A.L. Stein** SECT. TREASURER DATE **July 27, 2005**

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

FEE IS \$61.25
Initial or Amended UBR

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	SECT. TREASURER ABRAHAM L. STEIN 3331 N.W. 14th AVE POMPANO BEACH FLA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONA F. STEIN PRESIDENT 3331 N.W. 14th AVE 33064 POMPANO BEACH, FLA.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALAN M. STEIN COMMISSIONER 3331 N.W. 14th AVE 33064 POMPANO BEACH, FLA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE USMAN COMMISSIONER 3331 N.W. 14th AVE 33064 POMPANO BEACH, FLA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE **Leona F. Stein** PRESIDENT DATE **7/27/2005** **9549738170**

CR2E037B (12/02)