


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90141 028 ****61.25

UBR 1/02/02

DOCUMENT # N34956			
1. Entity Name SMITH COLLEGE CLUB OF FORT LAUDERDALE, INC.			
Principal Place of Business 2929 E COMMERCIAL BLVD STE #PH-C FT LAUDERDALE FL 33308 US		Mailing Address 2929 E COMMERCIAL BLVD STE #PH-C FT LAUDERDALE FL 33308 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-6136380		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		7. Name and Address of New Registered Agent	
BIZZARRO, DEBORAH L ESQ 2929 E COMMERCIAL BLVD STE #PH-C FT LAUDERDALE FL 33308		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

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 Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZER, LOIS	NAME	
STREET ADDRESS	2375 N 37TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RUTH	NAME	
STREET ADDRESS	4720 NE 3RD TER	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOCRANSKY, CLAIRE	NAME	
STREET ADDRESS	2200 S OCEAN LANE #1704	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, JUDITH	NAME	
STREET ADDRESS	5126 NW 59TH WAY	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, JOAN	NAME	
STREET ADDRESS	2000 S OCEAN DR PH3	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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: *Joan Fink* **SIGNATURE REQUIRED** APR 07 2003 954-524-2889