

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90092 023 ****61.25

DOCUMENT # **N42552**

1. Entity Name

SUPER SENIORS SITE ADVISORY COUNCIL, INC.

Principal Place of Business

Mailing Address

301 NW 103 AVENUE
 PEMBROKE PINES FL 33026
 US

301 NW 103 AVENUE
 PEMBROKE PINES FL 33026
 US

2. Principal Place of Business

301 N.W. 103 Avenue

3. Mailing Address

301 N.W. 103 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Pembroke Pines, FL

City & State
 Pembroke Pines, FL

4. FEI Number
 65-0290126

Applied For
 Not Applicable

Zip
 33026

Country
 Broward

Zip
 33026

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

VERONICA DI STEFANO
 2331 BAYBERRY DRIVE
 PEMBROKE PINES FL 33027

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.

Veronica Di Stefano
 SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-17-00

DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|-------------------------|---|--------------------------|
| TITLE | VPD IORIO, ELIZABETH | TITLE | |
| NAME | 801 S.W. 133 TERRACE | NAME | |
| STREET ADDRESS | PEMBROKE PINES FL 33027 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | SD CONA, LUCY CONCA | TITLE | |
| NAME | 12500 SW 6TH STREET | NAME | |
| STREET ADDRESS | PEMBROKE PINES FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | PD MUNDO, MARY | TITLE | PD |
| NAME | 7861 JOHNSON STREET | NAME | HELEN DENKER |
| STREET ADDRESS | PEMBROKE PINES FL 33024 | STREET ADDRESS | 1000 SW 125 AVENUE |
| CITY-ST-ZIP | | CITY-ST-ZIP | PEMBROKE PINES, FL 33027 |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucy Conca* LUCY CONCA

7/17/00

CR2E037 (5/00)