

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49331

1. Entity Name

SOUTH FLORIDA ALLIANCE FOR HUMANITY, INC.

Principal Place of Business

C/O BANKATLANTIC  
P.O. BOX 8608  
FT. LAUDERDALE FL 33310

Mailing Address

C/O BANKATLANTIC  
P.O. BOX 8608  
FT. LAUDERDALE FL 33310-8608

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

65-0343826

Applied For

Not Applicable

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

ALLEN, LOUISE J.  
150 W. FLAGLER STREET  
SUITE 2200  
MIAMI FL 33130

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	LEVAN, ALAN B.	1750 E. SUNRISE BLVD.	FT. LAUDERDALE FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T	LEWIS, SARRICA	1750 E. SUNRISE BLVD.	FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	CARVALHO, JEAN	1750 E. SUNRISE BLVD.	FORT LAUDERDALE FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DS	LEVAN, JARETT S	1750 E. SUNRISE BLVD.	FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90808 001 \*5,461.25



DO NOT WRITE IN THIS SPACE

CR2ER37 19/00