

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90345 019 \*\*\*\*\*61.25

**DOCUMENT # N50560**

1. Entity Name

**THE SOUTH FLORIDA CHAPTER OF THE NATIONAL ASSOCI**

Principal Place of Business

Mailing Address

**7471 W OAKLAND PK BLVD  
 SUITE 103  
 FT LAUDERDALE FL 33319  
 US**

**PO BOX 450400  
 SUNRISE FL 33345  
 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

**65-0163680**

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

**DORFMAN, WALTER  
 7471 W OAKLAND PK BLVD  
 SUITE 103  
 FT LAUDERDALE FL 33319**

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 **VPD** ☐ Delete  
 NAME **DORFMAN, WALTER**  
 STREET ADDRESS **7471 W OAKLAND PK BLVD**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33319**

TITLE **P.D.** ☐ Change ☐ Addition  
 NAME **WALTER DORFMAN**  
 STREET ADDRESS **7471 W. OAKLAND PARK BLVD**  
 CITY-ST-ZIP **FT LAUDERDALE, FL 33319**

TITLE **TD** ☐ Delete  
 NAME **FAUST, KEITH**  
 STREET ADDRESS **9744 NW 5 CT**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VPD** ☐ Change ☐ Addition  
 NAME **FAUST, KEITH**  
 STREET ADDRESS **9744 NW 5 CT**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **PD** ☐ Delete  
 NAME **MCMAMARA, JOHN**  
 STREET ADDRESS **508 NW 104 AVE**  
 CITY-ST-ZIP **MARATHON FL 33324**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **MCMAMARA JOHN**  
 STREET ADDRESS **508 NW 104 AVE**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *John M. Marama*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/01** **954 746-9714**  
 Date Daytime Phone #

CR2E037 (10/00)