

DOCUMENT # N94000003945

1. Entity Name

FOUNDATION FOR NEW OPPORTUNITIES, INC.**FILED**
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90112 027 ****61.25

Principal Place of Business

Mailing Address

1357 S. UNIVERSITY DR.
PLANTATION FL 333241357 S. UNIVERSITY DR.
PLANTATION FL 33324-4025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0509998

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TURCK, NORMAN G
1357 S. UNIVERSITY DR.
PLANTATION FL 33324Name Constance Ramos

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

1357 South University DriveCity Plantation,

FL

Zip Code 33324

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

*Constance Ramos**Constance Ramos*1/10/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	<input checked="" type="checkbox"/> Delete
D	KURLAND, SHELDON	6901 SW S 6 CT	DAVE FL 33314	<input checked="" type="checkbox"/>
VD	KERZNER, MICHAEL	143 NW 107 TERR	PLANTATION FL 33324	<input checked="" type="checkbox"/>
D	TAYLOR, ARTHUR	1400 NW 110 AVE	PLANTATION FL 33322	<input checked="" type="checkbox"/>
PD	DEPALMA, LEONARD	2649 NELSON CT	FT LAUDERDALE FL 33322	<input checked="" type="checkbox"/>
D	WOOD, DENNIS	1018 POLK ST	HOLLYWOOD FL 33019	<input checked="" type="checkbox"/>
TD	BLOCK, SOI	4964 NW 48 AVE	TAMARAC FL 33319	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VD	SARAH HEFFERNAN	1680 South West 27th Avenue	Fort Lauderdale, Fl. 33312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Flori Rios	2834 North-West 55th Avenue	Lauderhill, Fl. 33313	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Victoria Paranzino	2700 South West 17th Street	Fort Lauderdale, Fl. 33312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SAM ALLER	9778 Nichols Blvd., #501	Boynton Beach, Fl. 33436	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	EDITH MARGANOFF	2750 Sunrise Lakes Drive West	Sunrise, Fl. 33322	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Sol Block title change	from TD to PD.		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Sol Block*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/2000 (954)-424-3228

CR2E037 (9/99)