

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90288 020 ****61.25

DOCUMENT # N94000004529

1. Entity Name

THE SFPC CORPORATION

Principal Place of Business

Mailing Address

~~C/O R.A. RADIS~~
~~1215 EAST BROWARD BLVD~~
~~FT LAUDERDALE FL 33301~~
~~US~~

~~C/O R.A. RADIS~~
~~1215 EAST BROWARD BLVD~~
~~FT LAUDERDALE FL 33301~~
~~US~~

2. Principal Place of Business

14653 Breckness Place

3. Mailing Address

14653 Breckness Place

Suite, Apt. #, etc.

c/o Andrew Capodiferro

Suite, Apt. #, etc.

c/o Andrew Capodiferro

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-0609043

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

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

RADIS, RICHARD
1215 E BROWARD BLVD 2 FL
FT. LAUDERDALE FL 33301

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 **DV** ☒ Delete
NAME **DYER, WILLIAM**
STREET ADDRESS **20530 NW 7 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **DV** ☒ Change ☐ Addition
NAME **BRUCE DOSKOCIL**
STREET ADDRESS **161 SE 5th Court**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE **DT** ☒ Delete
NAME **JORDAN, JOHN**
STREET ADDRESS **9330 NE 20TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **DT** ☒ Change ☐ Addition
NAME **ANDREW CAPODIFERRO, JR.**
STREET ADDRESS **10450 SW 116th Street**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** ☐ Delete
NAME **BELLMAN, RALPH**
STREET ADDRESS **4610 SW 166TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33331**

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

TITLE **DS** ☐ Delete
NAME **RADIS, RICHARD A**
STREET ADDRESS **1215 E. BROWARD BLVD.**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

TITLE **DP** ☒ Delete
NAME **NAELON, TOM**
STREET ADDRESS **6101 PALM TRACE DRIVE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **DP** ☒ Change ☐ Addition
NAME **ANDREW CAPODIFERRO**
STREET ADDRESS **14653 Breckness Place**
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE **D** ☐ Delete
NAME **WALKER, KENNETH**
STREET ADDRESS **7061 HARDING ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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 power to execute this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD ALAN RADIS 3/01/01 (954) 524-6738

Secretary

Date

Daytime Phone #

CR2E037 (10/00)