

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90745 031 *****70.00

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1. Entity Name
THE SFPC CORPORATION



Principal Place of Business

**14653 BRECKNESS PLACE
C/O ANDREW CAPODIFERRO
MIAMI LAKES FL 33016
US**

Mailing Address

**14653 BRECKNESS PLACE
C/O ANDREW CAPODIFERRO
MIAMI LAKES FL 33016
US**

2. Principal Place of Business

2124 NE 123rd Street

3. Mailing Address

2124 NE 123rd Street

Suite, Apt., #, etc.

c/o Michael Matthews - Office

Suite, Apt., #, etc.

c/o Michael Matthews-Office

**City & State
North Miami, Florida**

**City & State
North Miami, Florida**

**Zip
33181**

**Country
USA**

**Zip
33181**

**Country
USA**

4. FEI Number 65-0609043

**Applied For
Not Applicable**

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DV ☒ Delete
NAME DOSKOCIL, BRUCE
STREET ADDRESS 161 SE 5TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE DP ☒ Delete
NAME CAPODIFERRO, ANDREW
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Change ☒ Addition
NAME Z. Brown, Al
STREET ADDRESS 6201 SW 9th Street
CITY-ST-ZIP North Lauderdale, FL 33068

TITLE DT ☒ Change ☐ Addition
NAME Capodiferro, Andrew, Jr.
STREET ADDRESS 14201 SW 94th Circle Lane #103
CITY-ST-ZIP Miami, Florida 33186

TITLE D ☐ Change ☒ Addition
NAME Michael Matthews
STREET ADDRESS 13000 Coronado Lane
CITY-ST-ZIP North Miami, FL 33181

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

TITLE DP ☐ Change ☒ Addition
NAME Michael Matuson
STREET ADDRESS 1902 SW Dorado Lane
CITY-ST-ZIP Port St. Lucie, FL 34953-1825

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:

SIGNATURE REQUIRED

(954) 524-6738

CR2E037 (10/02)