## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **N94000004926** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** 200 ばしげんかい 01-12-2000 90117 009 \*\*\*\*70.00 Mailing Address Principal Place of Business 10.000 STIRLING RD. SUITE 23 10.000 STIRLING RD. SUITE 2 COOPER CITY FL 33024 ( 347 3 57 COOPER CITY FL 33021-3205 STATE AND A 2. Principal Place of Business 3. Mailing Address 2560 N. Sta Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For HOLLY WOOD 65-0480744 Not Applicable Pountry - الكان Zip Country # \*\*\* \$8.75 Additional 5. Certificate of Status Desired ROWOTO 33021 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GINSBERG, YVONNE 3121 N.52 AVENUE HOLLYWOOD FL 33024 City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE HINDEN. NAME NAME GRIFFIN, JOSEPH STREET ADDRESS STREET ADDRESS Malvere Dr. Tanow XA33 1600 S.W. 9 ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 TITLE □ Delete TITLE MOHTHA NAME STAR, ROBIN M NAME STREET ADDRESS STREET ADDRESS 9788 N.W. 15 ST. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 Addition TITLE TD ☐ Delete TITLE Safko GOOD, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 2224 S.E. 20 ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Addition TITLE SD ☐ Delete TITLE ☐ Change NAME EISNER, ANN M NAME STREET ADDRESS STREET ADDRESS 7330 LA RESERVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME GIBSON, JAMES STREET ADDRESS STREET ADDRESS £17600 N.W. 9 PL. With the Chine CITY-ST-ZIP 11. CITY-ST-ZIP and the result and MIAMI FL 33169 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME **GURLAND, CAROLINE A** NAME STREET ADDRESS STREET ADDRESS 4401 N. HILLS DR. CITY-ST-ZIP CITY ST-ZIP HOLLYWOOD FL 33021 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YONNE GALSBERG