

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90183 047 ****61.25

DOCUMENT # N95000002688

1. Entity Name

OUR PART OF THE WOODS, INC.

Principal Place of Business Mailing Address
14917 ENCINO CIRCLE NO. AT GRAND PALMS **14917 ENCINO CIRCLE NO. AT GRAND PALMS**
PEMBROKE PINES FL 33027 **PEMBROKE PINES FL 33027-2334**

LU826559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0594693		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHERMAN, TERRY T 14917 ENCINO CIRCLE NO. AT GRAND PALMS PEMBROKE PINES FL 33027				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN, TERRY T	NAME	D Enid Cristobal
STREET ADDRESS	14917 ENCINO CIRCLE NO. AT GRAND PALMS	STREET ADDRESS	10393 N.W. 11th St.
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	Pembroke Pines FL 33028
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROMAN, HARVEY J DR.	NAME	D Laura Escobar
STREET ADDRESS	18305 N.W. 12 ST.	STREET ADDRESS	622 SW 156 Ave
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERAZO, MARILYN	NAME	
STREET ADDRESS	564 NW 163RD AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCUS, GARY ESQ	NAME	
STREET ADDRESS	16895 SW 158 AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRSHBERG, DEBORAH L	NAME	D Barbara S. Lee
STREET ADDRESS	15874 SW 3RD CT #204	STREET ADDRESS	6852 SW 9th St.
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	Pembroke Pines FL 33023
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTZ, JANET M	NAME	
STREET ADDRESS	901 SW 138 AVE APT C310	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	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: Harvey J. Broman D. Terry Sherman Harvey J. Broman 2/22/00 (954) 436 3363
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)