

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90186 015 *****61.25

Principal Place of Business	Mailing Address
1521 NW 17TH ST. FT. LAUDERDALE FL 33311 6080 MIRAMAR PARKWAY MIRAMAR, FL 33023	P.O. BOX 5253 1521 NW 17TH ST. FT. LAUDERDALE FL 33311 HOLLYWOOD, FL 33088-5253

2. Principal Place of Business <i>6080 McRae Pkwy.</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. Box 5253</i> Suite, Apt. #, etc.
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City & State <i>Mikamar, FL</i>		City & State <i>Hollywood, FL</i>	
Zip <i>33023</i>	Country	Zip <i>33083-5553</i>	Country

4. FEI Number	65-0560151	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HODGE, EVELENA S 1521 NW 17TH ST. FT. LAUDERDALE FL 33311	Name
	Street Address (
	City

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGE, EVELENA S 1521 N.W. 17TH ST. FT. LAUDERDALE FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HODGE, MARCUS 1521 N.W. 17TH ST. FT. LAUDERDALE FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUMPKIN, DELORES 3703 PRUDENCE DR. SARASOTA FL 34235 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLOWAY, TANGAN 2539 RODMAN ST. HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNBAR, MADIS 805 N.W. 10TH ST. HALLANDALE FL 33009 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, BURNON J 2122 ADAMS STREET, APT. 216 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an office or empowered.

SIGNATURE: EVELENA Z. HODGE 1-27-01 (954) 3814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (10/00)