

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001534

1. Entity Name

HEALTH FOUNTAINE COMMUNITY DEVELOPMENT CORPORATI

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90243 013 ****61.25

80004788



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

19 B WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009

19 B WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009-5437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0722324

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

INWANG, VICTOR P
19B HALLANDALE BEACH BLVD
HALLANDALE FL 33009

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:
FEES 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 ☐ Delete
NAME D
STREET ADDRESS EKPENYONG, EMMA E
CITY-ST-ZIP 1172 N.E. 196TH STREET
NORTH MIAMI BEACH FL 33180

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCFOY, MILDRED
CITY-ST-ZIP 14560 N.E. 6TH AVENUE
NORTH MIAMI FL 33161

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PATRICK, GLORY P.I.
CITY-ST-ZIP 20520 BISCAYNE BLVD.
NORTH MIAMI FL 33180

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

TITLE ☐ Delete
NAME D
STREET ADDRESS INWANG, VICTOR P
CITY-ST-ZIP 19 B W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OF SIGNING OFFICER OR DIRECTOR
INWANG, VICTOR P

1/12/2000

Date Daytime Phone #

CR2E037 (9/99)