

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 23, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000001534****1. Entity Name**
HEALTH FOUNTAINE COMMUNITY DEVELOPMENT CORPORATION**Principal Place of Business**
19 WEST HALLANDALE BLVD.
HALLANDALE FL 33009
Mailing Address
19 WEST HALLANDALE BLVD.
HALLANDALE FL 33009**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
Zip
Country
4. FEI Number
65-0722324
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
INWANG VICTOR P
19B HALLANDALE BEACH BLVD
HALLANDALE FL 33009 US
7. Name and Address of New Registered Agent
Name
INWANG GLORY P
Street Address (P.O. Box Number is Not Acceptable)
19B HALLANDALE BEACH BLVD
City
HALLANDALE FL Zip Code
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** **GI** **07/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INWANG EMMANUEL			NAME	AJAO RUKAYAT T		
STREET ADDRESS	19 WEST HALLANDALE BLVD.			STREET ADDRESS	19 WEST HALLANDALE BLVD.		
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP	HALLANDALE FL 33009		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INWANG GLORIA P			NAME	INWANG GLORY P		
STREET ADDRESS	19 WEST HALLANDALE BLVD.			STREET ADDRESS	19 WEST HALLANDALE BLVD.		
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP	HALLANDALE FL 33009		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INWANG ENO V			NAME			
STREET ADDRESS	20941 NE 25 COURT			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33180			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICK VICTOR			NAME	AJAO TAJUDEEN		
STREET ADDRESS	19 WEST HALLANDALE BLVD.			STREET ADDRESS	19 WEST HALLANDALE BLVD.		
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP	HALLANDALE FL 33009		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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:** **GLORY INWANG** **D** **07/23/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)