
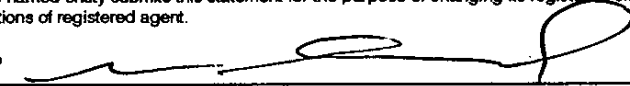
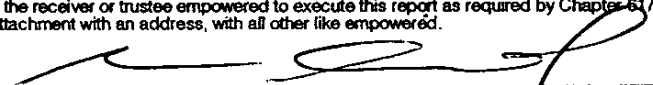


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90023 040 ****70.00

DOCUMENT # N96000003859 1. Entity Name UNIVERSITY OF FORT LAUDERDALE, INC.					
Principal Place of Business 4093 NW 16TH STREET LAUDERHILL, FL 33313			Mailing Address 4093 NW 16TH STREET LAUDERHILL, FL 33313		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERNANDEZ, HENRY UNIVERSITY OF FT LAUDERDALE 4093 NW 16TH STREET LAUDERHILL, FL 33313			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: 3/8/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Dr. <input type="checkbox"/> Delete		TITLE	Commissioner Margaret Bates <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, HENRY B		NAME	4211 N.W. 24th Street	
STREET ADDRESS	4093 NW 16TH STREET		STREET ADDRESS	Lauderhill, FL 33313	
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
TITLE	Dr. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNROE, MYLES		NAME		
STREET ADDRESS	P.O. BOX N-9583		STREET ADDRESS		
CITY-ST-ZIP	NASSAU BAHAMAS,		CITY-ST-ZIP		
TITLE	Dr. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, PATRICIA		NAME		
STREET ADDRESS	38 HALIFAX AVENUE		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON JAMAICA,		CITY-ST-ZIP		
TITLE	Judge <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMES, ILONA		NAME		
STREET ADDRESS	201 SE 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	Dr. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEER, LILIA		NAME		
STREET ADDRESS	1505 N. UNIVERSITY DR. #402		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	Dr. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sharon Morris		NAME		
STREET ADDRESS	2736 S.W. 135th Ave.		STREET ADDRESS		
CITY-ST-ZIP	Miramar, FL 33027		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date Daytime Phone #	