## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # N96000003859 UNIVERSITY OF FORT LAUDERDALE, INC. FII FD 08 AUG -5 PH 3: 44 Principal Place of Business Mailing Address 4093 NW 16TH STREET 4093 NW 16TH STREET SECRETARY OF STATE LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 TALLAHASSEE, FLORIDA 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 07312008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 65-0683159 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, HENRY 4007 SANDERLING LANE Street Address (P.O. Box Number Is Not Acceptable) WESTON, FL 33331 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. I am famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating): DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DΡ TITLE ☐ Delete TITLE D ☐ Addition FERNANDEZ, HENRY B Henny B NAME NAME Fernandez, STREET ADDRESS 4007 SANDERLING LANE STREET ADDRESS 4007 Sanderling CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP D TITLE TITLE ☐ Change Delete **X** Addition MUNROE, MYLES NAME NAME P.O. BOX N-9583 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASSAU BAHAMAS, WI 33331 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change Addition MORGAN, PATRICIA NAME NAME 7512 Dr. Phillips Blud, # 50 STREET ADDRESS 38 HALIFAX AVENUE STREET ADDRESS KINGSTON JAMAICA, WI 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE DS TITLE ☐ Change ☐ Delete ☐ Addition NAME HOLMES, ILONA NAME 300134549693 08/18/08--01047--010 \*\*61.25 STREET ADDRESS 201 SE 6TH STREET STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33301 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete BEER, LILIA NAME NAME 1505 N. UNIVERSITY DR. #402 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition MORRIS, SHARON NAME NAME STREET ADDRESS 2736 SW 135TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, FL 33027 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.

954.742.7832xxxx