## **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** May 14, 2002 8:00 am Secretary of State DOCUMENT # **N96000005680** PINES VILLAGE PIONEERS, INC. 05-14-2002 90304 033 \*\*\*\*61.25 Principal Place of Business Mailing Address PINES VILLAGE COMMUNITY CTR. 6836 S.W. 10 STREET 6700 S.W. 13TH STREET PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 2. Principal Place of Business 3. Mailing Address 305.W. 69 TERR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0706285 mbRoKe Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired BRWC 302 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wells AROLYN WITOSHYNSKY, GERALDINE 6836 SW 10TH STREET PEMBROKE PINES FL 33023 Zip Code 23 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. 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE 9/01 Change Addition NAME BOEHM, PATRICIA E NAME STREET ADDRESS 621 SW 64TH WAY STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33023 CITY-ST-ZIP" ☐ Delete TITLE ☐ Change ☐ Addition **BOEHM, CHARLES** NAME STREET ADDRESS 621 S.W. 64TH WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines FL 33023 Delete TITLE ☐ Change ☐ Addition WITOSHYNSKY, GERALDINE NAME STREET ADDRESS 6836 SW 10TH ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WELLS, CAROLYN J NAME STREET ADDRESS 530 SW 69TH TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33023 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 otherwise empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

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spitz, anna r

340 SW 64TH WAY

WELLS, LOUIE (BOB)

530 S.W. 69TH TERRACE

PEMBROKE PINES FL 33023

PEMBROKE PINES FL 33023

andy + Welle (

☐ Delete

AROLYN J. Wells

4/25/02

Change

☐ Addition