2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006190

Entity Name: THE FOUNTAIN OF PEMBROKE PINES, INC.

Jul 02. 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1900 UNIVERSITY DR 1900 UNIVERSITY DR SUITE 208 SUITE 208 PAMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 New Mailing Address: **Current Mailing Address:** 1900 UNIVERSITY DR 1900 UNIVERSITY DR SUITE 208 SUITE 208 PAMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 FEI Number: 65-0716717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, BRO. MEL WILSON, MEL 1401 SW 75TH TER 1401 SW 75TH TER PLANTATION, FL 333174950 PLANTATION, FL 33317 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: MEL WILSON 07/02/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LIPSCOMB, GWENDOLYN R LIPSCOMB, GENE Name: Name: 1630 SW 97TH TERRACE Address: 1630 SW 97TH TERRACE Address: City-St-Zip: PEMBROKE, FL 33025 City-St-Zip: PEMBROKE, FL 33025 Title: () Delete Title: (X) Change () Addition HALL, BOHBBY Name: ROBINSON, ALVIN Name: Address: 16280 SW 14TH ST Address: 1154 NW 184 TERRACE City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33029 Title: () Delete Title: () Change () Addition FOWLES, NANCY Name: Name: 4040 NW 196TH ST Address: Address: City-St-Zip: OPA LOCKA, FL 33055 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MUNNINGS, FAYE Name: 361 NW 130TH TERR APT 106 Address: Address: City-St-Zip: PEMBROKE, FL 33028 City-St-Zip: Title: Title:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ALVIN ROBINSON PD 07/02/2002

() Delete

() Delete

WILSON, BRO MEL

DONLEY, PATRICIA

17634 SW 12TH ST

1401 SW 75TH TERR

PLANTATION, FL 333174950

PEMBROKE PINES, FL 33029

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

(X) Change () Addition

(X) Change () Addition

WILSON, MEL

1401 SW 75TH TERR

ATKINS, SANDRA

214 SW 166TH AVE

PEMBROKE PINES, FL 33029

PLANTATION, FL 33317