

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90066 016 ****61.25

DOCUMENT # N97000000595

1. Entity Name

SOUTHFLORIDA PEOPLE INVOLVED IN CONSENSUAL ENDEA

Principal Place of Business

Mailing Address

**5346 BONKY COURT
W. PALM BEACH FL 33415**

**5346 BONKY COURT
W. PALM BEACH FL 33415**

2. Principal Place of Business

3. Mailing Address

4931 SW 40TH. AVE

P.O. BOX 451837

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE FL

City & State
SUNRISE FL.

4. FEI Number
65-0724847

Applied For
Not Applicable

Zip
33314

Country
USA

Zip
33345

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORTON, KAREN
5346 BONKY COURT
W. PALM BEACH FL 33415**

Name
ROBERT SMITH

Street Address (P.O. Box Number is Not Acceptable)
4931 SW 40th. AVE.

City
DAVIE FL Zip Code
33314

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  **ROBERT SMITH** **01-12-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORTON, KAREN
5346 BONKY COURT
W. PALM BEACH FL 33415** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
MARILYN ZEQUERA
8118 NW 191 ST
MIAMI FL 33015** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
KLEM, JAMES
11110 W OAKLAND PK BLVD
SUNRISE FL 33351** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/V
TIM GALDENCIO
241 SW 58TH AVE
PLANTATION FL 33317** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, LONNIE M
901 HARBOR INN DR
CORAL SPRINGS FL 33071** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/S/T
ROBERT SMITH
4931 SW 40TH AVE
DAVIE FL 33314** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:  **ROBERT SMITH** **01-12-01** **954-584-5196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)