FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 02, 2001 8:00 am DOCUMENT # N9700003706 **Secretary of State** 1. Entity Name 03-02-2001 90044 005 \*\*\*\*61.25 FAMILY RESOURCES CENTER INC. Principal Place of Business Mailing Address 10223 SW 180TH ST 10223 SW 180TH ST J 2 0 2 4 K PERRINE FL 33157 PERRINE FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0764998 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WATSON, SIMEON BISHOP 10223 SW 180TH ST PERRINE FL 33157 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. XXXX Delete CR2E037 (10/00 TITLE TITLE Addition WATSON, SIMEON BISHOP NAME NAME Humprey Alms STREET ADDRESS STREET ADDRESS 1409 NE 152ND ST 16732 SW 101 Ave. CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33157 Miam FL 33157 Change TITLE Delete TITLE Addition LEVY, NIKOYCLA NAME NAME Levy Nikoycla STREET ADDRESS STREET ADDRESS ~16944 SW~106 CT--CITY-ST-ZIP **MIAMI FL 33152** CITY-ST-ZIP Miami FL33152 TITLE Delete TITLE ☐ Change Addition HARRIS, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 5701 NW 4TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE ☐ Change ☐ Addition JONES, WILLIE NAME Jones Wille ? NAME STREET ADDRESS STREET-ADDRE **2261 NW 58TH STREET** 2261 NW 58th Street CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33142 Maami FL 33142 Change ☐ Addition TITLE ☐ Delete WASHINGTON, WARREN NAME Washington Warren STREET ADDRESS STREET ADDRESS 11771 SW 190TH ST. -Miami FL 33177 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33177** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE Daytime Phone #

changed, or on an attachf

of the corporation or the receiver or trustage empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if