

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90225 048 ****70.00

DOCUMENT # N97000003706

1. Entity Name

FAMILY RESOURCES CENTER INC.

Principal Place of Business

Mailing Address

10223 SW 180TH ST
 PERRINE FL 33157

10223 SW 180TH ST
 PERRINE FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0764998

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, SIMEON BISHOP
10223 SW 180TH ST
PERRINE FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Simeon Watson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-02

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **ALMS, HUMPREY**
 CITY-ST-ZIP **16732 SW 101 AVENUE**
MIAMI FL 33157

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **LEVY, NIKOYCLA**
 CITY-ST-ZIP **16944 SW 106 CT**
MIAMI FL 33152

TITLE ☐ Change ☒ Addition
 NAME **EXECUTIVE DIRECTOR**
 STREET ADDRESS **Simeon WATSON**
 CITY-ST-ZIP **1409 NE 152nd Street**
North Miami Bch FL 33162

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **HARRIS, CHARLES**
 CITY-ST-ZIP **5701 NW 4TH AVE**
MIAMI FL

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **JONES, WILLIE**
 CITY-ST-ZIP **2261 NW 58TH STREET**
MIAMI FL 33142

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **WASHINGTON, WARREN**
 CITY-ST-ZIP **11771 SW 190TH ST.**
MIAMI FL 33177

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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: *Simeon Watson* REQUIRED

SIMEON WATSON
EXEC. Director

1/25/02 (305) 945-2372

CR2E037 (9/01)