

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006331

1. Entity Name

A-FAMILY'S CHOICE, INC.

Principal Place of Business

16601 NORTHEAST 19TH AVENUE
NORTH MIAMI BEACH FL 33162

Mailing Address

16499 NE 19TH AVE
#103
NORTH MIAMI BEACH FL 33162-4105

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

65-0794050

Applied For

Not Applicable

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

CANODY, CHARLES

111 NE 420 ST 170 ST. W
MIAMI FL 33162

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

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 PD ☐ Delete
NAME CANADY, CARLENE
STREET ADDRESS 16601 NORTHEAST 19TH AVENUE
CITY - ST - ZIP NORTH MIAMI BEACH FL 33162

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

TITLE VD ☐ Delete
NAME CANADY, CHARLES
STREET ADDRESS 16601 NORTHEAST 19TH AVENUE
CITY - ST - ZIP NORTH MIAMI BEACH FL 33162

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

TITLE D ☐ Delete
NAME WILLTSHIRE, LESTER
STREET ADDRESS 16601 NORTHEAST 19TH AVENUE
CITY - ST - ZIP NORTH MIAMI BEACH FL 33162

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CANADY

04-14-00

305-947-8141

Date

Daytime Phone #

CR2E037 (9/99)