

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000862

1. Entity Name

NEW DIMENSIONS FAMILY SERVICES, INC.

Principal Place of Business

1631 N.W. 38TH AVENUE
LAUDERHILL FL 33311

Mailing Address

1631 N.W. 38TH AVENUE
LAUDERHILL FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROBERTSON, SHIRLEY
1631 N.W. 38TH AVENUE
LAUDERHILL FL 33311

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, SHIRLEY	
STREET ADDRESS	1631 N.W. 38TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, MUNROE R SR	
STREET ADDRESS	3002 N. HILTON ST	
CITY-ST-ZIP	BALTIMORE MD 21218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, ROMAINE	
STREET ADDRESS	4069 N.W. 16TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, HENRY B	
STREET ADDRESS	4069 N.W. 16TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, HAROLD	
STREET ADDRESS	7398 N.W. 49TH PLACE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTH, H.M. (DOLLI)	
STREET ADDRESS	259 N.W. 81 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roan Gaulkner	
STREET ADDRESS	10303 Winstead Court	
CITY-ST-ZIP	Woodstock MS 39183	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Y.N. Peltierhorne	
STREET ADDRESS	1570 SW 13 Drive	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90067 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0809631 Applied For ☐ Not Applicable ☐

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

CR2F037 (9/93)

A/24/00 (954) 587-1500
Date Daytime Phone #