FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # N98000001149 **Secretary of State** 1. Entity Name PINEY GROVE HUMAN SERVICES CORPORATIONAING. -02-13-2001 90070 037 ****61.25 Principal Place of Business Mailing Address 1100 NW 4TH STREET 9963 NW 2ND COURT FT. LAUDERDALE FL 33311 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0813429 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TOLBERT, ARNOLD 9963 N.W. 2ND COURT PLANTATION FL 33324 Zip Code FL 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be П 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. 11. ☐ Delete Change ☐ Addition TITLE TITI F ROBINSON, ASHLEY NAME NAME STREET ADORESS 102 GARDEN DR. #103 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change TELBERT, ARNOLD NAME NAME STREET ADDRESS STREET ADDRESS 9963 NW 2ND COURT CITY-ST-ZIP **PLANTATION FL 33324** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition STATEN, CONSTANCE NAME NAME STREET ADDRESS STREET ADDRESS 1706 NW 27TH TERRACE CITY-ST-7IP CITY-ST-7IP PLANTATION FL 33313 ☐ Addition ☐ Delete TITLE TITLE ☐ Change CRAWFORD, CARL NAME NAME STREET ADDRESS STREET ADDRESS 2737 NW 24TH AVE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33311 ☐ Delete ☐ Change ☐ Addition TITLE TITLE DEGRAFFENREIDT, EDDIE P NAME NAME STREET ADDRESS STREET ADDRESS 1706 NW 27TH TERRACE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete TITLE 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 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 attachinent with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF PRINTED BY