

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90045 003 ****61.25

DOCUMENT # N98000006347

1. Entity Name
Community Alliance For Family AND Career Development, Inc

Principal Place of Business
2412 N. STATE ROAD 7
LAUDERDALE LAKES, FL.
33319

Mailing Address
2412 N. STATE ROAD 7
LAUDERDALE LAKES FL.
33319

2. Principal Place of Business
4147 N. STATE ROAD 7
Suite, Apt. #, etc.
LAUDERDALE LAKES

3. Mailing Address
4147 N. STATE ROAD 7
Suite, Apt. #, etc.
LAUDERDALE LAKES

City & State
FL.

City & State
FLORIDA

4. FEI Number
65-0877671

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

Zip
33319

Country
US

Zip
33319

Country
US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROGERS, Hazelle
2769 N.W 36 Ave
LAUDERDALE LAKES, 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 **Hazelle Rogers - Director** **3/27/00**
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/D CERI MORRIS 3363 N.W 27 Street LAUDERDALE LAKES FL. 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/D BEVERLY WILLIAMS 3369 N.W 21 Street LAUDERDALE LAKES, FL. 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D HAZELLE ROGERS 2769 N.W 36 Ave LAUDERDALE LAKES, FL. 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Hazelle Rogers** **3/27/00 (954) 485-6356**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)