

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N99000001551

1. Entity Name

GILEAD COMMUNITY CENTER, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

04-25-2000 90115 009 ****61.25

Principal Place of Business 2901 W. OAKLAND PARK BLVD., A-21 FT. LAUDERDALE FL 33311	Mailing Address 2801 W. OAKLAND PARK BLVD., A-21 FT. LAUDERDALE FL 33311-1248
--	---

2. Principal Place of Business Suite, Apt. #, etc. <i>SAME AS ABOVE</i>	3. Mailing Address Suite, Apt. #, etc. <i>SAME AS ABOVE</i>
City & State	City & State
Zip	Country

4. FEI Number <i>650900986</i> <i>N99000001551</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDRUEJOL, ANA P 907 INTRACOASTAL DR., #9 FT. LAUDERDALE FL 33304
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>SAME</i> 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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>4/18/00</i> (NOTE: Registered Agent signature required when reinstating)
---	---

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDRUEJOL, ANA P 907 INTRACOASTAL DR., #9 FT. LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUERRERO, MARGARITA 4126 INVERRARY BLVD, 2208 LAUDERHILL FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LABOY, ELIZABETH 770 SW 10 ST., #B N. LAUDERHILL FL 33068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDE, MARIELLA 8721 NW 47 CT LAUDERHILL FL 33351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNGE, MARIAN 1100 E. OAKLAND PARK BLVD., #203 OAKLAND PARK FL 33334 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLORIA C. SANCHEZ <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9940 NOB HILL LANE SUNRISE FLA. 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY ALVAREZ <input type="checkbox"/> Change <input type="checkbox"/> Addition 9935 NOB HILL PLACE SUNRISE FLA. 33351
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"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date <i>4/18/00</i> (954) T31-2057 Daytime Phone #

CR2E037 (9/99)