

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90017 001 ****61.25
 05-30-2000 90017 002 ****8.75

DOCUMENT # **N99000002702**

1. Entity Name

COMMUNITY RESOURCE CENTERS OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9018 SW 150 AVE
 MIAMI FL 33196

9018 SW 150 AVE
 MIAMI FL 33196-1342

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *Same*

Suite, Apt. #, etc. *Same*

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ALTINE, EDDY
9018 SW 150 AVE
MIAMI FL 33196

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	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
<i>N/P/C/M</i>	<i>EDDY ALTINE</i>	<i>9019 S.W. 150 Ave</i>	<i>MIAMI, FL 33196</i>		
<i>V/D</i>	<i>MICHELLE Y. BOWEN</i>	<i>4200 Summerlanding Dr # 205</i>	<i>Lakeland, FL 33810</i>		
<i>T/S/D</i>	<i>MARIA L. LOPEZ</i>	<i>11965 SW 268 Terrace</i>	<i>Homestead, FL 33032</i>		

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:

EDDY ALTINE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00
 Date

305-968-2019
 Daytime Phone #

CR2E037 (9/99)