2000 UNIFORM BUSINESS REPORT (UBR)

5/25/2

FILED
Jul 11, 2000 8:00 am
Secretary of State
05-20-2000 90010 021 ****61.25

DOCUMENT # N99000002988

1. Entity Name

SHELTER FOR LIFE, INC.

Principal Place of Business	Mailing Address
1125 NW 27TH AVE FORT LAUDERDALE FL 33311	1125 NW 27TH AVE. FORT LAUDERDALE FL 33311-5707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1125 N.W. 27th Ave	1125 N.W. 27th Ave
Suite, Apt. #, etc.: None	Suite, Apt. #, etc.: None
City & State: Ft. Lauderdale, Fla	City & State: Ft. Lauderdale, Fla
Zip: 33311 Country: Broward	Zip: 33311 Country: Broward

4. FEI Number: 65-0923413 ☐ Applied For ☐ Not Applicable

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
ROBINSON, ALEXANDER 1125 NW 27TH AVE FORT LAUDERDALE FL 33311	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President Alexander Robinson 1125 N.W. 27th Ave Ft. Lauderdale, Fla 33311	☐ Delete		☐ Change ☐ Addition
TITLE D NAME	Secretary Mary Bennett 1020 N.W. 24th Terrace Ft. Lauderdale, Fla 33311	☐ Delete		☐ Change ☐ Addition
TITLE D NAME	Treasurer Arthur Gamble 1125 N.W. 27th Ave Ft Lauderdale Fla 33311	☐ Delete		☐ Change ☐ Addition
TITLE D NAME	Sidney A Scott 6813 Oakhill North Lauderdale, Fla 33068	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Alexander Robinson President 4-22-00 Bus 954-680-9779 or 954-583-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #