

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003591

1. Entity Name

SURE FOUNDATION COMMUNITY DEVELOPMENT, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90083 027 ****61.25

Principal Place of Business

Mailing Address

1775 NW 189TH TER
MIAMI FL 33056

1775 NW 189TH TER
MIAMI FL 33056-3334

2. Principal Place of Business

3. Mailing Address

5433 S.W. 19TH STREET

PO BOX 4516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

33023

Country

Zip

33083-4516

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

WILSON, ARTHUR C JR
1775 NW 189TH TER
MIAMI FL 33056

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 ☐ Delete
NAME PD
STREET ADDRESS WILSON, ARTHUR C JR
CITY-ST-ZIP 1775 NW 189TH TER
MIAMI FL 33056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS LIGHTBOUN, TIMOTHY
CITY-ST-ZIP 2652 FLETCHER ST
HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS BRYANT, MICHAEL
CITY-ST-ZIP 4210 HARRISON ST.
HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR C. WILSON JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E037 (9/99)