2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Feb 01, 2001 8:00 am Secretary of State DOCUMENT # N99000004811 DIGNITY / FT. LAUDERDALE, INC. 02-01-2001 90148 041 ****61.25 Principal Place of Business Mailing Address 633 KENSINGTON PLACE 633 KENSINGTON PLACE WILTON MANORS FL 33305 WILTON MANORS FL 33305 2. Principal Place of Business 3. Mailing Address 740 SOUTH FEDERAL HICHWAY THO SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT, LO9 City & State City & State POMPAMO BEACH Applied For 4. FEI Number 65-0952632 OWARNO. FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 Zip Code FL 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE NAME YORIO. VICTOR NAME STREET ADDRESS 633 KENSINGTON PLACE STREET ADDRESS WILTON MANORS FL 33305 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE DIRECTOR Change ☐ Addition TITI F MICHAEL BONITO CULLEN, GEORGE NAME NAME 740 SOUTH FEDERAL HIGHWAY STREET ADDRESS **633 KENSINGTON PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 POMPANO BEACH, FLOCIDA 3306 TITLE Change ☐ Addition Detete TITLE ROGERS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS **633 KENSINGTON PLACE** CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 TITLE Change ☐ Addition ☐ Celete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE · 🔲 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the corpo

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