## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # N99000005196 Feb 07, 2000 8:00 am **Secretary of State** WISH FRIENDS OF SOUTH FLORIDA, INC. 02-07-2000 90070 029 \*\*\*\*70.00 Principal Place of Business Mailing Address 2901 STIRLING RD..STE.2482 2901 STIRLING RD., STE. 240-FT. LAUDERDALE FL 33312-6529 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 200 Applied For City & State City & State 4. FEI Number 0 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STROM, NANCY 2901 STIRLING RD., STE, 210 \* 200 FT. LAUDERDALE FL 33312 Zip Code City 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 经国际企业的基础。 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition ☐ Change TITLE TITLE Delete NAME NAME <del>DEARMAS, ID</del>ALBERTO STREET ADDRESS STREET ADDRESS 440 S.W. 29TH RD. CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33129 ☐ Addition TITLE D ☐ Delete TITLE NAME LAZZARO, MARK NAME STREET ADDRESS STREET ADDRESS -1175 FAIRFAX LANE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 Delete ☐ Change ■ Addition n TITLE TITLE NAME DAVIS, GARY NAME STREET ADDRESS STREET ADDRESS 7820 S.W. 170TH STREET CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33157</u> \_\_ Change ☐ Addition TITLE ☐ Delete TITLE NAME DEMAR, STEVE NAME STREET ADDRESS STREET ADDRESS 14305 S.W.74TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33188** ☐ Change Addition TITLE Delete TITLE NAME NAME FRIEDLANDER, RANDY STREET ADDRESS STREET ADDRESS 1412 S.W. 74TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MORRIS, PATRICK STREET ADDRESS STREET ADDRESS 35 VENETIAN WAY, #E-11 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 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