

2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # N99000006924

1. Entity Name

UNITED FAMILY & COMMUNITY REDEVELOPMENT INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-01-2000 90005 032 ****61.25

Principal Place of Business

1100 NE 125TH ST., STE. 207
N. MIAMI FL 33161

Mailing Address

1100 NE 125TH ST., STE. 207
N. MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2207593

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

ROSEMOND, SERGE
1100 NE 125TH ST., STE. 207
N. MIAMI FL 33161

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

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAPORTE, DENISE	
STREET ADDRESS	3320 NW 40TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALCOTT, DELPHINA	
STREET ADDRESS	3320 NW 40TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SARAZIN, SERGE	
STREET ADDRESS	3320 NW 40TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAZARRE, SACHA	
STREET ADDRESS	3320 NW 40TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Denise Laporte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/2000

305-899-7200

Date

Daytime Phone #

CR2E037 (5/00)