

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90106 034 ***550.00

0026209 AV

DOCUMENT # P02000046821

1. Entity Name

LIFEWORCS FAMILY ENRICHMENT CENTER, INC.



Principal Place of Business

2435 TAYLOR STREET
HOLLYWOOD FL 33020

Mailing Address

2435 TAYLOR STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

3200 NORTH FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 225

City & State

BOCA RATON, FL.

Zip

33431

Country

PALM BEACH

3. Mailing Address

3200 NORTH FEDERAL HWY

Suite, Apt. #, etc.

SUITE 225

City & State

BOCA RATON, FL

Zip

33431-6050

Country

PALE BEACH



☒ CHECK HERE IF MAKING CHANGES

4. FEL Number

01-0686434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ
GREENSPOON MARDER HIRSCHFELD, ET AL
100 W CYPRESS CREEK ROAD SUITE 700
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILLIAMSON-GRIGAS, GAY LYNN
STREET ADDRESS 2435 TAYLOR STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☒ Delete
NAME GRIGAS, DAVID
STREET ADDRESS 2435 TAYLOR STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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:

Gay Lynn Williamson-Grigas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gay Lynn Williamson-Grigas
Date 8/24/03
Daytime Phone # 924-6344 / 391-9280

CP2E034 (4/03)