## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P02000110121 DOCUMENT #

1. Entity Name

WELCOME HOME OF PBC, INC.



**FILED** Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90083 003 \*\*\*150.00

Principal Place of Business 1940 HARRISON STREET STE 300 HOLLYWOOD FL 33020		1940 HAR	Mailing Address 1940 HARRISON STREET STE 300 HOLLYWOOD FL 33020							
2. Principal Place of Business		3. Mailing	3. Mailing Address					1811 88181 11818 11881 1181 1881		
Suite, Apt. #, etc.		Suite, A <sub>l</sub>	ot. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & Si	ate		4. FEI Number			Applied For Not Applicable		
Zip	Country	Zip		Country	5. Certificate of St	5. Certificate of Status Desired   \$8.75 Addition Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
HOCHSZTEIN, FRED 1940 HARRISON STREET STE 300 HOLLYWOOD FL 33020					Street Address (P.O. Box Number is Not Acceptable)					
				City	,		FL	Zip Code		
the obligations of regis			····	gistered office or rec	gistered agent, or both, in	the State of Florid	a. I am f	amiliar with, and accept		
FILE NOW!!! FEE IS \$150.00  & After May 1, 2003 Fée will be \$550.00  Make Check Payable to Florida Department of State						Campaign Finan nd Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE POTTO	1414			TITI C				Change		

	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State	Trust Fund Contribution.		to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BENJAMIN, BEVERLY 1160 SUGAR SANDS BLVD #603 SINGER ISLAND FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Service,	☐ Delete	TITLE NAME STHEET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition		

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 receive 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:

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP