

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 19 AM 8:00

DOCUMENT # P94000092795

1. Entity Name

SKILLS FAMILY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3990 SHERIDAN STREET

Suite, Apt. #, etc.

SUITE 210

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

3. Mailing Address

3990 SHERIDAN STREET

Suite, Apt. #, etc.

SUITE 210

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

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4. FEI Number

65-0548013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name STUART FARBER, M.D.

Street Address (P.O. Box Number is Not Acceptable)

3990 SHERIDAN STREET

City HOLLYWOOD

FL

Zip Code
33021

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FARBER, STUART, M.D.
3990 SHERIDAN STREET, STE. 210
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
ZELNICK, EDWARD J., M.D.
3990 SHERIDAN STREET, STE. 210
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

STUART FARBER, PRES.

954-964-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)