2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000015367 Jan 14, 2000 8:00 am **Secretary of State** SOUTH FLORIDA FAMILY DEVELOPMENT, INC. 01-14-2000 90047 032 ***150.00 Mailing Address Principal Place of Business 3111 NORTHEAST 10TH AVENUE 3111 NORTHEAST 10TH AVENUE POMPANO BEACH FL 33064-6362 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Change ☐ Delete TITLE PTD NAME NAME SORENSEN, MATTHEW T 7 STREET ADDRESS STREET ADDRESS 3111 NORTHEAST 10TH AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Addition Change TITLE TITLE NAME SORENSEN CHARLENE A ---NAME STREET ADDRESS STREET ADDRESS 3111 NORTHEAST 10TH AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 DENNY F SOVENSEN 3041 NE 10 TER Delete TITLE TITLE SORENSEN, JOHN P NAME NAME STREET ADDRESS STREET ADDRESS 3111 NORTHEAST 10TH AVENUE POWPANO BEACH FL 33064 CITY-ST-7IP CITY-ST-ZIF POMPANO BEACH FL 33064 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR