

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90271 022 ***150.00

UBR0120 A1

DOCUMENT # P99000058950

1. Entity Name

SOUTH FLORIDA FAMILY CENTER, INC.

Principal Place of Business

**4987 NORTH UNIVERSITY DRIVE
OFFICE 17-A
LAUDERHILL FL 33351**

Mailing Address

**P.O. BOX 25793
TAMARAC FL 33320**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4955 N. University Drive
Suite 17A**

3. Mailing Address

Suite, Apt. #, etc.

Lauderhill

#1 33351

4. FEI Number

65-0982609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAEZ DAMARIS
4987 NORTH UNIVERSITY DRIVE
OFFICE 17-A
LAUDERHILL FL 33351**

(4955)

7. Name and Address of New Registered Agent

Baez Damaris

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

**4955 N University Drive
Lauderhill FL**

City

FL

Zip Code

33351

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BAEZ, DAMARIS**
STREET ADDRESS **7811 NW 46TH COURT**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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

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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:

Damaris Baez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Damaris Baez, Dir 954 742-8810
Date Daytime Phone #

CR2E034 (9/01)