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Secretary of State

04-28-2003 91521 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058950

1. Entity Name
SOUTH FLORIDA FAMILY CENTER, INC.

Principal Place of Business	Mailing Address
4953 N. UNIVERSITY DRIVE SUITE 17A LAUDERHILL, FL 33351	P.O. BOX 25793 TAMARAC, FL 33320

2. Principal Place of Business	3. Mailing Address
4983 N. UNIVERSITY Dr.	
Suite, Apt. #, etc.: SUITE 30	Suite, Apt. #, etc.:
City & State: LAUDERHILL, FL	City & State:
Zip: 33351 — Country: USA	Zip: — Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0882609 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAEZ, DAMARIS 4955 NORTH UNIVERSITY DRIVE OFFICE 17-A LAUDERHILL, FL 33351	Name: Street Address (P.O. Box Number is Not Acceptable): 4983 N. UNIVERSITY Dr. SUITE 30 City: Lauderhill — 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE DATE: ... [illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: BAEZ, DAMARIS STREET ADDRESS: 7911 NW 45TH COURT CITY-ST-ZIP: LAUDERHILL, FL 33351	☐ Delete	TITLE: VP NAME: MAYRA PEREZ STREET ADDRESS: 4648 SW 33 DRIVE CITY-ST-ZIP: HOLLYWOOD, FL 33023	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Damaris Baez — 04/24/03 — (954)742-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #