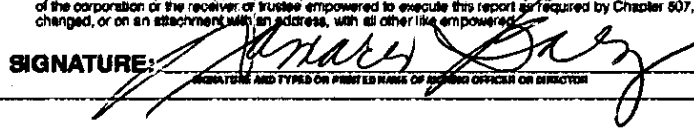


FILED
Apr 28, 2003 8:00 am
Secretary of State

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 4953 N. UNIVERSITY DRIVE SUITE 17A LAUDERHILL, FL 33351		Mailing Address P.O. BOX 25793 TAMARAC, FL 33320	
2. Principal Place of Business 4953 N. UNIVERSITY DR.		3. Mailing Address	
Suite, Apt. #, etc. SUITE 30		Suite, Apt. #, etc.	
City & State LAUDERHILL, FL		City & State	
Zip 33351	Country USA	Zip	Country
4. FEI Number 85-0882609		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAEZ, DAMARIS 4956 NORTH UNIVERSITY DRIVE OFFICE 17-A LAUDERHILL, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4953 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	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAEZ, DAMARIS 7911 NW 45TH COURT LAUDERHILL, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYRA PEREZ 4648 SW 33 DRIVE HOLLYWOOD, FL 33023
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 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
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 507, 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 		04/24/03 (954) 742-8810	