2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90084 038 ****61.25

DOCUMENT # N00000000134

1. Entity Name

ARTISTS IN MOTION OF MIAMI, INC.

Principal Place of Business	Mailing Address
4540 SW 75TH AVE MIAMI FL 33155	4540 SW 75TH AVE MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
454 NE 58 St	454 NE 58 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, fl	City & State: Miami, fl
Zip: 33137 Country: Dade	Zip: 33137 Country: Dade

4. FEI Number: 65-0980096 ☐ 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
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICH, RENE E Renée 4540 SW 75TH AVE MIAMI FL 33155 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Rich, Renée 454 NE 58 St Miami fl 33137. ☑ Change ☐ Addition Address & spelling first name.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KADISON, MICHELE 4540 SW 75TH AVE MIAMI FL 33155 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edwards, Daryl 454 NE 58 St Miami fl 33137 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRU, MARTA 4540 SW 75TH AVE MIAMI FL 33155 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Reddy, Soraida 6706 S.W. 147 ct Miami fl 33193 ☑ 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

CR2E037 (9/01)

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 617, 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: SIGNATURE Renée Rich 4/15/02 (305)7512229.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR