

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-01-2001 90044 018 ****70.00

DOCUMENT # N000000038587

1. Entity Name

BESSIE PERRY GARRETT FOUNDATION INC.

(Handwritten initials)

Principal Place of Business

Mailing Address

1130 100TH STREET #1
 BAY HARBOR ISLAND FL 33154

1130 100TH STREET #1
 BAY HARBOR ISLAND FL 33154

8914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1016314

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARRETT, BESSIE P
 1130 100TH STREET #1
 BAY HARBOR ISLAND FL 33154

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

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	BESSIE PERRY GARRETT - D
STREET ADDRESS	1130 100TH STREET #1
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	VICE-PRES. <input type="checkbox"/> Delete
NAME	ANTHONY EVANS - D
STREET ADDRESS	1130 100TH STREET #1
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	SECRETARY <input type="checkbox"/> Delete
NAME	YVONNE JACKSON - D
STREET ADDRESS	1680 NW 57 ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TREASURER <input type="checkbox"/> Delete
NAME	STEPHANIE RUPP - D
STREET ADDRESS	7103 S.W. 115 PLACE #G
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Stephanie Rupp **STEPHANIE RUPP** 4/27/01 (305) 864-5449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)