

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90074 014 ****75.00

DOCUMENT # N95000002294

1. Entity Name

PHOENIX RISING FOUNDATION, INC.

Principal Place of Business

Mailing Address

ATTN: JACK JUBRAN
 899 WEST AVE
 MIAMI BEACH FL 33139
 US

ATTN: JACK JUBRAN
 899 WEST AVE
 MIAMI BEACH FL 33139-5570
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0664981

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, ROBB
1688 WEST AVENUE
#904
MIAMI FL 33139

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	PD	<input type="checkbox"/> Delete
NAME	JUBRAN, JACK	
STREET ADDRESS	899 W. AVENUE, PH-L	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNALD, VINCENT	
STREET ADDRESS	650 WEST AVENUE #605	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GAVELA, LUIS	
STREET ADDRESS	1250 WEST AVENUE #1206	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(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: *Jack Jubran* JACK JUBRAN

Date

Daytime Phone #

2-24-2000

305-5325225

CR2E037 (9/99)