

2002 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Jun 18, 2002 8:00 am
Secretary of State

02-21-2002 90021 043 ****70.00

DOCUMENT # N99000007108

1. Entity Name

STRUGGLED BUT NOT ALONE, INC.

Principal Place of Business

Mailing Address

420 NE 142ND STREET
 MIAMI FL 33161

420 NE 142ND STREET
 MIAMI FL 33161

93516

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

N/A

4. FEI Number

65-0967322

APPLIED FOR

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

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ST. JULIEN, LUNA
 420 NE 142 STREET
 NORTH MIAMI FL 33161

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	☐ Delete
NAME	ST. JULIEN, LUNA	
STREET ADDRESS	420 NE 142ND STREET	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	D	☐ Delete
NAME	PASCAL, EDITH	
STREET ADDRESS	54 NE 54 STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	CD	☐ Delete
NAME	BERNABE, CLAIRE	
STREET ADDRESS	15600 NW 7TH AVENUE, #606	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	STD **	☐ Delete
NAME	LAPLANTE, YVA	
STREET ADDRESS	13107 NE 6TH AVENUE, #18	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	ED	☐ Delete
NAME	JEANTY, MARIE JOSEE	
STREET ADDRESS	550 NE 162ND STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	ADD	☒ Delete
NAME	MOMPLAISIR, MARIE C (Please Delete)	
STREET ADDRESS	20310 NE 12 COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	

TITLE	PD	☐ Change ☒ Addition
NAME	Luna St. Julien	
STREET ADDRESS	420 NE 142nd Street	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE	D	☐ Change ☐ Addition
NAME	Edith Pascal	
STREET ADDRESS	54 NE 54 Street	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	D	☐ Change ☒ Addition
NAME	Guette P. Joseph	
STREET ADDRESS	14820 NE 5th Avenue	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	CD	☐ Change ☐ Addition
NAME	Claire Bernabe	
STREET ADDRESS	15600 NW 7th Avenue, #606	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	Public Relation Coordinator	☒ Change ☐ Addition
NAME	Yva Laplante	
STREET ADDRESS	13107 NE 6th Avenue, #18	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE	ED	☐ Change ☐ Addition
NAME	Marie Josee Jeanty	
STREET ADDRESS	550 NE 162nd Street	
CITY-ST-ZIP	Miami, FL 33162	

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-681-5721

Date

1/31/02

Officer Phone #

CR2E037 (9/01)