2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90158 002 ****70.00

DOCUMENT # N99000007108

1. Entity Name
STRUGGLED BUT NOT ALONE, INC.

10016599

Principal Place of Business	Mailing Address
420 NE 142ND STREET MIAMI FL 33161 ✓	420 NE 142ND STREET MIAMI FL 33161 ✓

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0967322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent (Same)

Name: St. Julien, Luna
Street Address (P.O. Box Number is Not Acceptable): 420 N.E. 142 St.
City: North Miami
FL
Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Luna Julien 1/29/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ST. JULIEN, LUNA 420 NE 142ND STREET N MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President St. Julien, Luna 420 NE 142nd Street N Miami, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASCAL, EDITH 54 NE 54 STREET MIAMI FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Pascal, Edith 17825 NW 19 Ave Opa-Locka, FL 33169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BERNABE, CLAIRE 15600 NW 7TH AVENUE, #606 MIAMI FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Teacher/Counselor/Dir. Joseph, Guettie 14825 NE 5 Ave N. Miami, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LAPLANTE, YVA 13107 NE 6TH AVENUE, #18 NORTH MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-Treasurer Laplante, Yva 13105 NE 6 Ave #18 N. Miami, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRC LAPLATE, YVA 13107 NE 6TH AVE #18 NORTH MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Intercessor Director Jerome, Marie Jose Brooklyn, New York, #1230 1249 Ocean Ave. #1-H	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED JEANTY, MARIE J 550 NE 162ND ST. MIAMI FL 33162	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Program Director Matthieu, Techeline 120 N.E. 59 St. Miami, FL 33137	☐ Change ☒ Addition

CR2E037 (10/02)

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 REQUIRED 1/29/03