

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90331 043 \*\*\*158.75

40402

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**7. Name and Address of Current Registered Agent**

Name MARIE CHERY  
Street Address (P.O. Box Number is Not Acceptable)  
158 S. SHORE DR #8  
City MIA-BEACH FL Zip Code 33141

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>KENDI H. FRANCIS</u> <u>158 S. SHORE DR #8</u> <u>MIA-BEACH FL 33141</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>MARIE CHERY</u> <u>SAME ADDRESS</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>JONATHAN DAVIS</u> <u>SAME ADDRESS</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>MARIE SAINTUS</u> <u>SAME ADDRESS</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Rose Chery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-16-02

CR2E034B (12/01)