

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90514 014 \*\*\*158.75

**DOCUMENT # P93000064284**

1. Entity Name  
**824 CORP.**



Principal Place of Business  
**950 SE 12 ST  
SUITE 4300  
HIALEAH FL 33010**

Mailing Address  
**950 SE 12 ST  
SUITE 4300  
HIALEAH FL 33010**



2. Principal Place of Business  
**111 NE 1ST ST.**

3. Mailing Address  
**111 NE 1ST ST.**

Suite, Apt. #, etc.  
**8TH FLOOR**

Suite, Apt. #, etc.  
**8TH FLOOR**

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33132**

Country  
**USA**

Zip  
**33132**

Country  
**USA**

4. FEI Number  
**65-0463013**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**ROBJOHN, ANNE-B**  
**950 SE 12 ST**  
**HIALEAH FL 33010**

## 7. Name and Address of New Registered Agent

Name **ROBJOHN, ANNE-BATCHELOR**  
Street Address (P.O. Box Number is Not Acceptable)  
**111 NE 1ST ST, 8TH FLOOR**  
City **Miami** FL Zip Code **33132**

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 *[Signature]* **ANNE BATCHELOR-ROBJOHN** **4-23-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>ROGERS, AMANDA</b>	
STREET ADDRESS <b>950 SE 12 ST</b>	
CITY-ST-ZIP <b>HIALEAH FL 33010</b>	
TITLE <b>DPC</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BATCHELOR, GEORGE</b>	
STREET ADDRESS <b>950 S.E. 12TH STREET</b>	
CITY-ST-ZIP <b>HIALEAH FL 33010</b>	
TITLE <b>DS</b>	<input type="checkbox"/> Delete
NAME <b>BATCHELOR-ROBJOHN, ANNE</b>	
STREET ADDRESS <b>950 SE 12 ST</b>	
CITY-ST-ZIP <b>HIALEAH FL 33010</b>	
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	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AMANDA ROGERS</b>	
STREET ADDRESS <b>2940 N. BAY RD.</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL. 33140</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BATCHELOR-ROBJOHN, A</b>	
STREET ADDRESS <b>111 NE 1ST ST.</b>	
CITY-ST-ZIP <b>MIAMI FL 33132</b>	
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)(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 607, 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]* **ANNE-BATCHELOR-ROBJOHN** **4-23-2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **305 416-9066**

CR2E034 (10/02)