

050 5/8/99-90060-036-61.25-61.25
9-90060-036-61.25-61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90060 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000002294		
1. Corporation Name PHOENIX RISING FOUNDATION, INC.		



Principal Place of Business 1521 ALTON ROAD SUITE 65 MIAMI BEACH FL 33139	changed to ↓	Mailing Address 1521 ALTON ROAD SUITE 65 MIAMI BEACH FL 33139	changed to ↓
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2. Principal Place of Business 21. JACK TUBRAN 22. 899 West Ave 23. Miami Bch Florida 24. 33139 25. USA	2a. Mailing Address 26. ATTN: JACK TUBRAN 27. 899 West Ave 28. Miami Bch Florida 29. 33139 30. USA	3. Date Incorporated or Qualified 05/11/1995	4. FEI Number 65-0664981	Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent PATERNOSTNO, JOSEPH 11541 N.E. 7TH AVE. MIAMI FL 33161	changed to →	10. Name and Address of New Registered Agent 81. Name ROBB BRYAN 82. Street Address (P.O. Box Number is Not Acceptable) 1688 West Ave #1904 83. Miami Bch Florida 33139 84. Miami Beach FL 33139
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE ROBERT BRYAN DATE 5-30-99		

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CRAIG 5800 NE SIXTH COURT MIAMI FL 33137 ☒ DELETE effective 5/30/99	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD JACK TUBRAN 899 West Avenue PH-L MIAMI Bch, FLORIDA 33139 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUBRAN, JACK 899 W. AVENUE, PH-L MIAMI BEACH FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD VINCENT FERNALD 650 WEST AVE #605 MIAMI Bch Florida 33139 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAAR, EDWIN 1492 LINCOLN TERR, #2 MIAMI BEACH FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD LUIS GAVELA 1250 WEST AVE #12-C MIAMI BEACH Florida 33139 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONDY, DARREN 65 NE 109 STREET MIAMI SHORES FL 33161 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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, as a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 6-30-1999 305-532-5225
PD - 6-30-99