

2001 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-23-2001 91186 002 ****61.25

DOCUMENT # **N98000006337**

1. Entity Name

People Aiding People, Inc. (UP)

Principal Place of Business

Mailing Address

2. Principal Place of Business

1860 NW 59th ST

Suite, Apt. #, etc.

3. Mailing Address

1860 NW 59th ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33142

Country

DADE

Zip

33142

Country

DADE

4. FEI Number

05-087-4181

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 **SID MORRIS**

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

1860 NW 59th ST

City **MIAMI**

FL

Zip Code

33142

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

Sid Morris

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

6/15/01

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

TITLE NAME **ROY HENRY - PRES.** ☐ Delete

STREET ADDRESS **1860 NW 59th ST**

CITY-ST-ZIP **MIAMI, FL 33142**

TITLE NAME **APRIL HENRY - SEC** ☐ Delete

STREET ADDRESS **1860 NW 59th ST**

CITY-ST-ZIP **MIAMI, FL 33142**

TITLE NAME **SID MORRIS - VP** ☐ Delete

STREET ADDRESS **1860 NW 59th ST**

CITY-ST-ZIP **MIAMI, FL 33142**

TITLE NAME **CARMEN MORRIS - TREAS** ☐ Delete

STREET ADDRESS **1860 NW 59th ST**

CITY-ST-ZIP **MIAMI, FL 33142**

TITLE NAME **MARIC KNIGHT - D** ☐ Delete

STREET ADDRESS **693 NE 82nd TERR**

CITY-ST-ZIP **MIAMI, FL 33138**

TITLE NAME **LIONITA COLEMAN - D** ☒ Delete

STREET ADDRESS **693 NE 82nd TERR**

CITY-ST-ZIP **MIAMI, FL 33138**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **FRANK CLAYTON D** ☐ Change ☒ Addition

STREET ADDRESS **2952 NW 47th ST**

CITY-ST-ZIP **MIAMI, FLORIDA 33142**

☐ Change ☐ Addition

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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 is required by Chapter 817, 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: **Carmen Morris** **CARMEN MORRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-01 **305-638-4820**

Date

Daytime Phone

CR2E037 (1/00)