

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91118 029 ****61.25

DOCUMENT # N98000006337

1. Entity Name

PEOPLE AIDING PEOPLE, INC.

Principal Place of Business

693 N.E. 82nd Terr.
~~1860 NW 59TH ST.~~
MIAMI FL 33142 33138

Mailing Address

693 N.E. 82nd Terr.
~~1860 NW 59TH ST.~~
MIAMI FL 33142 33138

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

65-0874181

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

MORRIS, SID

1860 NW 59TH ST. 693 N.E. 82nd Terr.
MIAMI FL 33142 33138

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **KNIGHT, MARK**
 STREET ADDRESS **693 NE 82ND TERR**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **LIONITA Coleman D** ☐ Change ☒ Addition
 NAME **693 NE 82nd Terr**
 STREET ADDRESS **MIAMI, FL 33138**
 CITY-ST-ZIP

TITLE **P** ☒ Delete
 NAME **HENRY, LEROY**
 STREET ADDRESS **1860 NW 59TH ST.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **BLONDIE CLAYTON** ☐ Change ☒ Addition
 NAME **2952 NW 47th St**
 STREET ADDRESS **MIAMI, FL 33142**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **MORRIS, SID**
 STREET ADDRESS **1860 NW 59TH ST. 693 N.E. 82nd Terr**
 CITY-ST-ZIP **MIAMI FL 33142 33138**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MORRIS, CARMEN**
 STREET ADDRESS **1860 NW 59TH ST. 693 N.E. 82nd Terr**
 CITY-ST-ZIP **MIAMI FL 33142 33138**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CLAYTON, FRANK**
 STREET ADDRESS **2952 NW 47TH ST.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **COLEMAN, RONITA**
 STREET ADDRESS **693 NE 82ND TERR**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Change ☐ 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)(l), 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: *Carmen Morris* **3/8/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)