

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90190 025 ****70.00

DOCUMENT # F98000005678

1. Entity Name

BE STILL AND KNOW, INC.

Principal Place of Business

**13727 SW 152 STREET #319
 MIAMI FL 33177**

Mailing Address

**13727 SW 152 STREET #319
 MIAMI FL 33177**

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

95-4687543

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

**FORD, TOMMY
 13727 SW 152 ST #319
 MIAMI FL 33177**

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 **PCSD** ☐ Delete
 NAME **FORD, TOMMY**
 STREET ADDRESS **13727 SW 152 ST #319**
 CITY-ST-ZIP **MIAMI FL**

TITLE **CFO/TREASURER** ☐ Change ☒ Addition
 NAME **Danny Johnson**
 STREET ADDRESS **13015 Sw 89th Place # 303**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE **D** ☐ Delete
 NAME **SASSO-FORD, GINA**
 STREET ADDRESS **13727 SW 152 ST #319**
 CITY-ST-ZIP **MIAMI FL**

TITLE **Vice Chairman** ☐ Change ☒ Addition
 NAME **TRACY MOURNING**
 STREET ADDRESS **3525 Anchorage Way**
 CITY-ST-ZIP **Coconut Grove, FL. 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
 NAME **WILLIE CARPENTER**
 STREET ADDRESS **10965 Sw 175 Street**
 CITY-ST-ZIP **Miami, FL. 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
 NAME **NORMA JEAN ABRAHAM**
 STREET ADDRESS **4891 Sw 76 Street**
 CITY-ST-ZIP **Miami, FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
 NAME **RAYMOND VALME**
 STREET ADDRESS **11020 Sw 139 Road**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)