## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

623753

6. Name and Address of Current Registered Agent

1. Entity Name

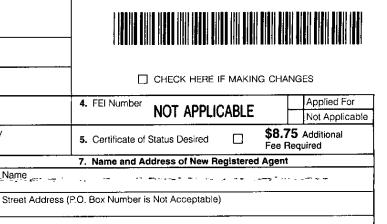
911 CORPORATION



Principal Place of Business Mailing Address 2825 SOUTH MIAMI AVENUE 2825 SOUTH MIAMI AVENUE MIAMI FL 33129 MIAMI FL 33129 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zio

FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90100 025 \*\*\*150.00



8.	The above named entity submits this statement for the purpose of changing its registere	d office or registered agent, or both, in	the State of Florida.	I am familiar with, and ac	cept
	the obligations of registered agent.				

SIGNATURE

FARRELL, JOHN R.

**MIAMI FL 33129** 

2825 SOUTH MIAMI AVENUE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

(NOTE: Registered Agent signature required when reinstating)

City

DATE

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

Zip Code

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete FARRELL, JOHN R. 2825 SOUTH MIAMI AVE. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

IGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTO

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Daytime Phone #

CR2E034 (10/02)