


05-07-2003 90433 001 \*\*\*140.00

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 705628</b>			
1. Entity Name <b>JOHN PAUL CORPORATION</b>			
Principal Place of Business 12100 WEST DIXIE HWY NORTH MIAMI, FL 33161		Mailing Address 12100 WEST DIXIE HWY NORTH MIAMI, FL 33161	
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 <b>59-0998614</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  KRULIN, STEVE ESQ 12905 HICKORY ROAD NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when existing)</small>			
<b>FILE NOW - FEE IS \$6125</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		Make Check Payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDEARMAID, MICHAEL	NAME	
STREET ADDRESS	840 NE 127 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRULIN, STEVE	NAME	
STREET ADDRESS	12905 HICKORY ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELDON, ERIC	NAME	<i>D/S</i>
STREET ADDRESS	224 ATLANTIC ISLE	STREET ADDRESS	<i>WATSON GENERAL</i>
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	<i>65 NE 105 STREET</i>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANIK, TOM	NAME	
STREET ADDRESS	196 N.W. 103RD ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33160	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIFRIED, KEVIN	NAME	
STREET ADDRESS	12665 N.W. 8TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	D- <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, SAM	NAME	
STREET ADDRESS	1016 N.E. 127 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33161	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: _____		Date <b>3/2/03</b> <b>305-893-6511</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

55038603



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)