

**2001<sup>2</sup> UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90093 023 \*\*\*\*\*61.25

**DOCUMENT # 709987**

1. Entity Name

**PAGEENTRY, INC.**

Principal Place of Business

**7430 S.W. 59TH ST.  
MIAMI FL 33143**

Mailing Address

**7430 S.W. 59TH ST.  
MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6169749**

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

**FRIEDMAN, MR. BOB  
1920 E. HALLANDALE BEACH BLVD.  
SUITE 803  
HALLANDALE FL 33009**

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 **P** ☐ Delete  
NAME **WYRICK, REV. V. NEIL**  
STREET ADDRESS **7430 SW 59TH ST.**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HILYARD, MRS. JOYCE**  
STREET ADDRESS **8511 SW 21ST ST.**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MOORE, MRS. ROSALIE**  
STREET ADDRESS **14870 S.W. 129 PLACE ROAD**  
CITY-ST-ZIP **MIAMI FL 33186-6323**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **JACKSON, MRS CANDYNCE**  
STREET ADDRESS **9420 S.W. 181 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33157**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **WYRICK, THEOLA**  
STREET ADDRESS **7430 S.W. 59TH ST.**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 (10/00)