FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State **DOCUMENT # 741422** 1. Entity Name PILGRIM FAMILY LEAGUE, INC. 05-14-2001 90254 034 ****69.00 Principal Place of Business Mailing Address 14250 N MIAMI AVE PO BOX 530155 MIAMI FL 33168 MIAMI SHORES COURDITY MIAMI FL 33153 HS 3. Mailing Address P.O. Box 2. Principal Place of Business 530155 Miani 1425 N. Mian Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State FLORIDA FLORIDA 65-0144301 Miani X Not Applicable Mhami Country Zip \$8.75 Additional 5. Certificate of Status Desired X US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACQUES MOMPREMIER Street Address (P.O. Box Number is Not Acceptable) MOMPREMIER, JACQUES 325 NE 110 TERRACE 110 # lerrace **MIAMI FL 33161** Zip Code 33 / 6 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida. 04-27-01 SIGNATURE TACQUES MOMPREMIER Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 🗷 Delete TITLE Change Addition TITI F MOMPREMIER, JACQUES NAME MOMPREMIER, JACQUES NAME STREET ADDRESS 325 NE 110 th Terrace Miami FL 33161 STREET ADDRESS 325 NE 110TH TERRACE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33161 **M** Change ☐ Addition TITLE **B** Delete TITLE HINDS, HEROLD 8960 South take Miramar Circle NAME NAME SMITH. REV LAWFORD STREET ADDRESS STREET ADDRESS 14250 NORTH MIAMI AVE CITY-ST-ZIP CITY-ST-ZIP 33025 Miramar, MIAMI FL 33168 **Addition** TITLE CD_{-} . Detete TITLE WILSON, NEVILLE A Giovanna Rodriquez NAME NAME STREET ADDRESS STREET ADDRESS 3034 NW 195TH TERRACE 12250 NW 14 St FL 33026 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33056 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME WILLIAMS, ELAINE NAME STREET ADDRESS STREET ADDRESS 7110 NW 1790TH STREET #105 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33015** TITLE VDC Delete TITLE Change ☐ Addition NAME HINDS, HEROLD NAME STREET ADDRESS STREET ADDRESS 8960 SOUTH LAKE MIRAMAR CIRCLE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 . ☐ Delete TITLE ☐ Change ☐ Addition NAME CHARLEMAGNE, GEORGE NAME STREET ADDRESS 14701 NW 3RD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33168** 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:

Elaine Williams