## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2001 8:00 am <sup>§</sup> Secretary of State DOCUMENT # 744350 1. Entity Name UPPER ROOM ASSEMBLY, INC. 03-14-2001 90209 026 \*\*\*\*70.00 Mailing Address Principal Place of Business 19701 SW 127TH AVE 19701 SW 127TH AVE MIAMI FL 33177-1803 MIAMI FL 33177-1803 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1889817 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOSEPH, JOHN P REV 19701 SW 127TH AVE **MIAMI FL 33177** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$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 OFFICERS AND DIRECTORS 11. 10. X Addition $\rho_i \tau$ ☐ Change TITLE ☐ Defete TITLE Plummer, DAWSON NAME KLEPP, REV. BRUCE NAME 10915 SW 177KTERNACE STREET ADDRESS STREET ADDRESS 15459 SW 143 TERR MIAMI, FI 33157 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 Addition Change 🔀 Delete TITLE DT TITLE cowey, Tom NAME FIGUEROA, REINALDO NAME 10381 5W 156 MAR STREET ADDRESS STREET ADDRESS 15207 SW 171 ST CITY-ST-ZIP----miAmi, FI=33157\_\_\_\_ CITY-ST-ZIP ---MIAMI FL 33187 Addition B5 Change TITLE Delete TITLE Fishbough, Cal NAME NAME GOMEZ, GUSTAVO 10965 SW 95# Street STREET ADDRESS STREET ADDRESS 12320 SW 105TH ST CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP MIAMI FL 33186 X Addition ☐ Change TIT! F **▼** Delete DeJesus, Tony OKEREKE, CHUKS NAME NAME 14332 SW 172 Terrace STREET ADDRESS STREET ADDRESS 10460 SW 165TH TERRACE CITY-ST-ZIP MIAMI, FI 33177 MIAMI FL 33157 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE Hausen, Norm Plummer, DAWSON 10915 SW 177 to Terrace NAME NAME 14643 SW 145 Terrow STREET ADDRESS STREET ADDRESS MIAni, F1 33157 CITY-ST-ZIP minmi, F1 33186 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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:

Pres. 3/6/01 305-251-0876