

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

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

04-30-2003 90045 038 *****70.00

0079210

DOCUMENT # 747480

1. Entity Name

PROJECT STOPPP, INC.



Principal Place of Business

**520 N W 72ND LANE
MIAMI FL 33238-0152
US**

Mailing Address

**P.O. BOX 380152
MIAMI FL 33238-0152
US**

11061020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1965184**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ORANGE, CLEOPHUS
951 NW 46TH ST
MIAMI FL 33127**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | JOHNSON, BERNICE | |
| STREET ADDRESS | 485 NW 84TH LANE | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SNOW, ROBERT | |
| STREET ADDRESS | 8015 SW 198TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOOKS, JUANITA | |
| STREET ADDRESS | 16914 NW 52 PL | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, FREDDIE L. | |
| STREET ADDRESS | 1369 NW 96TH STREET | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | PDC | <input type="checkbox"/> Delete |
| NAME | WALLACE, MAURICE | |
| STREET ADDRESS | 9190 BISCAYNE BLVD SUITE 202 | |
| CITY-ST-ZIP | MIAMI SHORES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Cleophus Orange*

4/25/03 (305) 751-7061

CR2E037 (10/02)