

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752456

1. Entity Name

ORGANIZED ADOPTION SEARCH INFORMATION SERVICES,

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90184 032 ****70.00

Principal Place of Business 2640 NE 135TH ST APT 220 N MIAMI FL 33181 US	Mailing Address P O BOX 530 761 MIAMI SHORES FL 33153-0761 US
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00082190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2640 NE 135 ST Suite, Apt. #, etc. # 211	3. Mailing Address P.O. Box 53-0761 MIAMI STORES
City & State NO. MIAMI FLA.	City & State FLA
Zip 33181	Country US

4. FEI Number 59-3017023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RIVERS, RACHEL S
2640 NE 135 ST
~~APT 220~~ New APT #. 211
NO MIAMI FL 33181

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
SAME

APT 211

City
SAME

FL

Zip Code
SAME

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERS, RACHEL 2640 NE 135 ST STE 211 NO MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARLAGIA, RUTH 1525 NE 125 STREET NORTH MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFORD, BRIAN 2006 N 28TH AVE HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RACHEL S. RIVERS 2640 NE 135 ST. STE 211 NO. MIAMI, FLA. 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT L. DUGLIN 2640 NE 135 ST. STE 211 NO. MIAMI, FLA. 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVIS Y. MCFORD 2006 N. 28TH AVE. HOLLYWOOD, FLA. 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RACHEL S. RIVERS, D. March 31, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)