

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90016 047 ****70.00

DOCUMENT # 752456

1. Entity Name

ORGANIZED ADOPTION SEARCH INFORMATION SERVICES,

Principal Place of Business

Mailing Address

2640 NE 135TH ST
 211
 N MIAMI FL 33181
 US

P O BOX 530 761
 MIAMI SHORES FL 33181
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3017023

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

RIVERS, RACHEL S
 2640 NE 135 ST
 211
 NO MIAMI FL 33181

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

Rachel S. Rivers

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

70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 RIVERS, RACHEL
 2640 NE 135 ST STE 220
 NO MIAMI FL 33181 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 2640 NE 135 ST STE 211 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 TARLAGIA, RUTH
 1525 NE 125 STREET
 NORTH MIAMI FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DIRECTOR
 ROBERT L. DUGLIN
 2640 NE 135 ST #
 NO. MIAMI, FLA. 33181 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MCFORD, BRIAN
 2006 N 28TH AVE
 HOLLYWOOD FL 33020 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DIRECTOR
 CHEP CHANDRA-KUSUMA
 2640 NE 135 ST #
 NO. MIAMI, FLA 33181 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 12, 2001 (305) 947-8788
 Date Daytime Phone #

CR2E037 (10/00)