

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90023 041 ****61.25

DOCUMENT # 752456

1. Entity Name

ORGANIZED ADOPTION SEARCH INFORMATION SERVICES, INC.

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

1300 E NE MIAMI GARDEN DR

P O Box 53-0761

Suite, Apt. #, etc.

Suite, Apt. #, etc.

917E

#

City & State

City & State

NO MIAMI, FLA

MIAMI SHORES FLA

Zip

Country

Zip

Country

3317A

USA

33153

USA

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)

4/19/02

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
 NAME RIVERS, RACHEL
 STREET ADDRESS 2640 NE 135TH ST, SUITE 211
 CITY-ST-ZIP NO MIAMI FL 33181

TITLE RACHEL S. RIVERS, JR.
 NAME
 STREET ADDRESS 1300 NE MIAMI GARDENS DR STE. 917E
 CITY-ST-ZIP NO MIAMI, FLA 33179

TITLE D
 NAME DUGLIN, ROBERT L
 STREET ADDRESS 2640 NE 135TH STREET
 CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME CHEP, CHANDRA KUSUMA
 STREET ADDRESS 2640 NE 135TH STREET
 CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Rachel S. Rivers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 (305) 947-8788

CR2E037 (9/01)