

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754175

1. Entity Name

ENCOUNTERS IN EXCELLENCE, INC.

Principal Place of Business

23050 S.W. 156 AVE.  
MIAMI FL 33170  
US

Mailing Address

23050 S.W. 156 AVE.  
MIAMI FL 33170  
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

NOT APPLICABLE

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

KERN, RICHARD C.  
23050 SW 156 AVE  
MIAMI FL FL 33170

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME FIELDS, DOROTHY  
STREET ADDRESS 5337 NW 29 CT  
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Change ☒ Addition  
NAME Richard C. Kern  
STREET ADDRESS 23050 SW 156 Ave  
CITY-ST-ZIP Miami, FL 33170

TITLE D ☐ Delete  
NAME ADMIRE, RUTH  
STREET ADDRESS 6459 SUNSET DR  
CITY-ST-ZIP MIAMI FL 33143

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

TITLE C ☐ Delete  
NAME WEINTRAUB ALBERT  
STREET ADDRESS 3835 CAROLE CT  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☒ Change ☐ Addition  
NAME Weintraub, Albert  
STREET ADDRESS  
CITY-ST-ZIP ← (spelling correction)

TITLE D ☒ Delete  
NAME KERN, JAMES  
STREET ADDRESS 700 ISLAND LANDING DR.  
CITY-ST-ZIP ST. AGUSTINE FL 32095

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED Richard C. Kern

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

305-246-1416

January 8, 2002