## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

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|---|--|-----------------------------------|--|--------------------------------|--|-------------------------------|--|
| DOCU<br>1. Entity Nar   | JMENT #  | F99 0000                          | 21250  |                                | FILED  |                               |  |
| Dro   | MENT # MIWM USA A  DO NOT WRITE  | In Corr                           | )  |                                | 02 MAY 29 PM 1                                       | 2:40                          |  |
| 119   | raw re ofon a  | $\frac{1}{2}$                     | <u>,                                     </u>  |                                | SECRETARY OF S<br>TALLAHASSEE, FLC                   | TATE                          |  |
| •   | DO NOT WRITE   | IN THIS SP                        | ACE  |                                | THE  | IRIDA                         |  |
|   | Place of Business  | 3. Mailing Address                |  |                                |  |                               |  |
| .14 70<br>Suite, Apt  | NW 107th AUR   | PO Box 5 Suite, Apt. #, etc.      | <u> </u>   |                                | DO NOT WRITE IN THIS S                               | DACE                          |  |
| Suit  | te, H  |                                   |  |                                | DONOT WAITE IN THIS 3                                |                               |  |
| City & Sta  | ani F.   | City & State  Wiami               | Fl.  | 4. FEI Number                  | 5542987  | Applied For  Not Applicable   |  |
| <sup>Zip</sup> 331  | Country<br>DOC   | 33152                             | Country  | 5. Certificate of S            | Status Desired                                       | 8.75 Additional               |  |
|   | 1721 17000   | 1 30,00                           |  | 7. Name and Add                | ess of Current Registered                            | Agent                         |  |
| April Company of the | DO NOT W   | BITE                              | Name )   | oberta Ch                      | eshier   |                               |  |
|   | a Total Control of the Control of th |                                   | Street Addres  | S (P.O. Box Number Is          | Not Acceptable)                                      |                               |  |
| IN THIS SPACE   |  |                                   | 145  | 14524 Su) 143 Pl.              |  |                               |  |
|   |  |                                   | $^{City}$ $\mathcal{N}$  | liance                         | - FL   | 33186                         |  |
| 8. The above  | e named entity submits this statement fo   | or the purpose of changing its re | egistered office or regis  | stered agent, or both, in      | the state of Florida.                                |                               |  |
|   |  | <b>*</b>                          |  |                                | 4/2/2  | 2                             |  |
| SIGNATURE   | Signature typed or printed name of requestered agent   | and title if applicable. (NOTE:   | Registered Agent signature requ  | ired when reinstating)         | DATE   | <del>&gt;</del>               |  |
| FEE IS \$61.25 9. Election Campa Initial or Amended UBR Trust Fund Control  |  |                                   |  |                                |  |                               |  |
| ž.  |  | 1 '                               | ~ ~  | \$5.00 May Be<br>Added to Fees | Make Check<br>Departmen                              | -                             |  |
| 10.   | Initial or Amended UBR  OFFICERS AND DI  | Trust Fund Co                     | ontribution.   |                                |  | t of State                    |  |
| 10. TITLE NAME  | Initial or Amended UBR  OFFICERS AND DII  President / Treasure   | Trust Fund Co                     | ~ ~  |                                |  | t of State                    |  |
| TITLE<br>NAME<br>STREET ADDRESS   | officers and die President / Treasure Roberta Cheshier 143 pl.   | Trust Fund Co                     | TITLE NAME STREET ADDRESS  |                                |  | t of State                    |  |
| TITLE<br>NAME   | Initial or Amended UBR  OFFICERS AND DII  President / Treasure Roberta Cheshier 14504 sw 143 pl. 14504 sw 143 pl.  | Trust Fund Co                     | TITLE NAME   |                                |  | t of State                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Initial or Amended UBR  OFFICERS AND DII  President / Treasure Roberta Cheshier 14504 sw 143 pl. 14504 sw 143 pl.  | Trust Fund Co                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   |                                |  | t of State                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Initial or Amended UBR  OFFICERS AND DII  President / Treasure Roberta Cheshier 14504 sw 143 pl. 14504 sw 143 pl.  | Trust Fund Co                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Added to Fees                  | Departmen  | 3834                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | officers and die President / Treasure Roberta Cheshier 143 pl.   | Trust Fund Co                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Added to Fees                  | Departmen  10005754  -06/11/020                      | 3834<br>11102008              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Initial or Amended UBR  OFFICERS AND DII  President / Treasure Roberta Cheshier 14504 sw 143 pl. 14504 sw 143 pl.  | Trust Fund Co                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Added to Fees                  | Departmen  DOD5754 -06/11/020 *****70.00             | 3834<br>1102008<br>*****70.00 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | Initial or Amended UBR  OFFICERS AND DII  President / Treasure Roberta Cheshier 14504 sw 143 pl. 14504 sw 143 pl.  | Trust Fund Co                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Added to Fees                  | Departmen  Departmen  Departmen  Departmen           | 3834<br>1102008<br>*****70.00 |  |
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