

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90148 001 ***228.75

0167869 AV

DOCUMENT # M23564

1. Entity Name
FLORIDA MEMORIAL COLLEGE FOUNDATION, INC.

Principal Place of Business 15800 NW 42ND AVENUE MIAMI FL 33054	Mailing Address 15800 NW 42ND AVENUE MIAMI FL 33054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0668483		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SMITH, ALBERT E 15800 NW 42ND AVENUE MIAMI FL 33054				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, ALBERT		NAME				
STREET ADDRESS	15800 N.W. 42ND AVE.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COLEMAN, A.B.		NAME				
STREET ADDRESS	15800 N.W. 42ND AVE.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILSON, RICHARD REV		NAME				
STREET ADDRESS	15800 NW 42ND AVENUE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete XXXX	TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WIGGINS, PAUL R		NAME	LOWE, CHALLIS			
STREET ADDRESS	15800 N.W. 42ND AVENUE		STREET ADDRESS	15800 N.W. 42ND AVENUE			
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP	MIAMI, FL 33054			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like or empowered.

SIGNATURE: *Albert E Smith* **ALBERT E SMITH** 3/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)