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05-23-2001 91188 006 ****61.25

DOCUMENT #	
1. Entity Name Miss Spirit of Miami Pageants, Inc.	
Principal Place of Business Mailing Address 1024 N.W. 38 th St. Miami, FL 33127	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 1024 N.W. 38 th Street	
Suite, Apt. #, etc.	
City & State Miami, Florida	
Zip 33127	
Country U.S.A.	
3. Mailing Address Suite, Apt. #, etc.	
City & State	
Zip	
Country	
4. FEE Number NON APPLICABLE	
Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Teronica L. Fuller - Director 1024 N.W. 38 th street Miami, FL 33127	
7. Name and Address of New Registered Agent 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 Teronica L. Fuller DATE 05/15/2001 (NOTE: Registered Agent signature required when reinstating)	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director ☐ Delete Justin Pearson 1024 N.W. 38 th St Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director ☐ Delete Connie Angheira 1024 NW 38 th St Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Delete Kathy Kiddaric 1024 NW 38 th St Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☐ Delete Malango Thomas 1024 NW 38 th St Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for 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: Teronica L. Fuller	DATE: 05/15/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR	