

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90176 038 \*\*\*\*61.25

0023095

**DOCUMENT # N00000000124**

1. Entity Name

**MS. SPIRIT OF MIAMI PAGEANTS, INC.**



Principal Place of Business

**1024 NW 38TH ST  
MIAMI FL 33127**

Mailing Address

**1024 NW 38TH ST  
MIAMI FL 33127**

2. Principal Place of Business

**1024 NW 38th St**  
Suite, Apt. #, etc.

3. Mailing Address

**1024 NW 38th St**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33129**

Country

**U.S.A.**

Zip

**33127**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FULLER, TERONICA  
1024 NW 38TH ST  
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name **Teronica L. Beharry**  
Street Address (P.O. Box Number is Not Acceptable)  
**1024 NW 38th street**  
City **Miami** **FL** Zip Code **33127**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Teronica L. Beharry*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/21/2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEHARRY, TERONICA</b>	
STREET ADDRESS	<b>1024 NW 38 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BEHARRY, NARVIN</b>	
STREET ADDRESS	<b>1024 NW 38TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ANGUEIRA, CONNIE</b>	
STREET ADDRESS	<b>1024 NW 38TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, MALARGO</b>	
STREET ADDRESS	<b>1024 NW 38TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PEARSON, JUSTIN</b>	
STREET ADDRESS	<b>1024 NW 38TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Teronica L. Beharry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/21/2003 (305) 652-4103**  
Date Daytime Phone #

CR2E037 (10/02)