

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90321 012 \*\*\*\*61.25

**DOCUMENT # N00000000826**

**1. Entity Name**  
**PERFECTED PRAISE CORP.**



**Principal Place of Business**  
**4040 NW 187TH TERRACE**  
**MIAMI FL 33055**

**Mailing Address**  
**4040 NW 187TH TERRACE**  
**MIAMI FL 33055**

**2. Principal Place of Business**

*Same*

**3. Mailing Address**

*Same*

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-1048920**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**PHILLIPS, APRILLE**  
**4040 NW 187TH TERRACE**  
**MIAMI FL 33055**

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

**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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** STRAW, JOYCE P  
**STREET ADDRESS** 4040 NW 187TH TERRACE  
**CITY-ST-ZIP** MIAMI FL 33055

**TITLE** VD ☐ Delete  
**NAME** WALLACE, SANDRA  
**STREET ADDRESS** 2050 N.W. 33RD PLACE  
**CITY-ST-ZIP** MIAMI FL 33056

**TITLE** D ☐ Delete  
**NAME** JONES, WILLIE J  
**STREET ADDRESS** 2261 N.W. 58TH STREET  
**CITY-ST-ZIP** MIAMI FL 33142

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

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**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*

CR2E037 (10/02)