

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90277 029 *****61.25

Mailing Address

10460 SW 146 ST
MIAMI FL 33176
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FEI Number **65-0981477**

Applied For	
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Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name POOLE, JULIUS C. SR.

Street Address (P.O. Box Number is Not Acceptable)
10460 SW 146 Street

City Miami FL Zip Code 33176

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 *[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
Department of State**

10. OFFICERS AND DIRECTORS

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, SIDNEY	
STREET ADDRESS	10460 SW 146 STREET	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, DORIS L	
STREET ADDRESS	10814 SW 141 LANE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	S	<input type="checkbox"/> Delete
NAME	POOLE, ROSETTA	
STREET ADDRESS	10460 SW 146 STREET	
CITY - ST - ZIP	MIAMI FL 33176	

TITLE	C/P	<input type="checkbox"/> Delete
NAME	POOLE, JULIUS C SR	
STREET ADDRESS	10460 SW 146 STREET	
CITY - ST - ZIP	MIAMI FL 33176	

TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	POOLE, COREY D	
STREET ADDRESS	14315 SW 105 COURT	
CITY - ST - ZIP	MIAMI FL 33176	

TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	POOLE, ANGELA M	
STREET ADDRESS	14315 SW 105 COURT	
CITY-ST- ZIP	MIAMI FL 33176	

TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSS, DORIS L		
STREET ADDRESS	10814 SW 141 LN		
CITY-ST-ZIP	MIAMI, FL 33176		

TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HILL, VALENCIA		
STREET ADDRESS	11392 SW 203 TER		
CITY-ST-ZIP	MIAMI FL 33189		

TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POOLE, ROSETTA J		
STREET ADDRESS	10460 SW 146 ST		
CITY-ST-ZIP	MIAMI FL 33176		

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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E037 (9/01)