

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000001485**

1. Entity Name

HUMANITY RESOURCE, INC.

Principal Place of Business

**3633 SW 14 ST.
FT. LAUDERDALE FL 33312**

Mailing Address

**3633 SW 14 ST.
FT. LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

**NALLS, JOHN W JR.
3633 S.W. 14TH ST.
FT. LAUDERDALE FL 33312**

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

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**After September 12, 2001, min. will be \$236.25**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	PO	<input type="checkbox"/> Delete
NAME	NALLS, JOHN W JR.	
STREET ADDRESS	3633 SW 14TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

TITLE	SD	<input type="checkbox"/> Delete
NAME	NALLS, LOUBERTHA	
STREET ADDRESS	3633 SW 14TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

TITLE	TD	<input type="checkbox"/> Delete
NAME	NALLS, CANDICE Y	
STREET ADDRESS	3704 SW 13TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

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

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

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
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STREET ADDRESS		
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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 #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 5:31



DO NOT WRITE IN THIS SPACE

4. FEI Number **311713175** ☒ Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (5/01)