

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90230 002 \*\*\*\*61.25  
 08-13-2002 90230 001 \*\*\*\*\*8.75

**DOCUMENT # N00000001595**

1. Entity Name

**COMPASSION CONNECTION INT'L INC.**

Principal Place of Business

4021 N.E. 2ND TERRACE  
 POMPANO BEACH FL 33064

Mailing Address

4021 N.E. 2ND TERRACE  
 POMPANO BEACH FL 33064

2. Principal Place of Business

**2889 W Broward Blvd**

3. Mailing Address

**4021 NE 2nd Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Lauderdale FL**

City & State

**Pompano Beach FL**

Zip

Country

**33301**

**Broward**

Zip

Country

**33064**

**Broward**

4. FEI Number

**65-0997642**

Applied For

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

**ALLEN, DESRENE A**  
**4021 N.E. 2ND TERRACE**  
**POMPANO BEACH FL 33064**

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

*Desrene Adella Allen*

**07-8-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**ALLEN, DESRENE A**  
**4021 N.E. 2ND TERRACE**  
**POMPANO BEACH FL 33064**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP**  
**BARTLEY, WEBSTER**  
**3754 JACKSON BLVD**  
**FORT LAUDERDALE FL 33312**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Oswald L NAIRNE**  
**3724 Jackson Blvd**  
**Fort Lauderdale FL 33312**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**MCKENUFF, VENICE**  
**4021 NE 2ND TERRACE**  
**POMPANO BEACH FL 33064**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**HIBBERT, ELVENA**  
**3370 NW 14TH PLACE**  
**FORT LAUDERDALE FL 33311**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**ALLEN, KEITH**  
**4021 N.E. 2ND TERRACE**  
**POMPANO BEACH FL 33064**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**NAIRNE, JOYCE**  
**3724 JACKSON BLVD**  
**FORT LAUDERDALE FL 33312**

☐ Delete

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

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:

*Desrene A. Allen* **DESRENE A. ALLEN - 7-8-02**

**532 3149**

CR2E037 (4/02)