

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000001844****1. Entity Name****THE REPAIRERS OF THE BREACH COMMUNITY DEVELOPMENT, INC****Principal Place of Business**

7481 SUNSET STRIP

SUNRISE
33313

FL

Mailing Address

7481 SUNSET STRIP

SUNRISE
33313

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0995614**

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**BOWEN HENRIETTA
19563 N.W. 55 CIRCLE PLACEMIAMI
33055

FL

US

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 HENRIETTA BOWEN****05/08/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	WHITE ANN MT/D		
STREET ADDRESS		STREET ADDRESS	7481 SUNSET STRIP		
CITY-ST-ZIP		CITY-ST-ZIP	SUNRISE FL 33313		
TITLE	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	BOWEN HENRIETTA S/D		
STREET ADDRESS		STREET ADDRESS	19563 N.W. 55 CIRCLE PLACE		
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33055		
TITLE	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	TOMLINSON NADINE TV/D		
STREET ADDRESS		STREET ADDRESS	2101 N.W. 62ND TERRACE		
CITY-ST-ZIP		CITY-ST-ZIP	SUNRISE FL 33313		
TITLE	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	BAKER YVONNE LPRESIDE		
STREET ADDRESS		STREET ADDRESS	7481 SUNSET STRIP		
CITY-ST-ZIP		CITY-ST-ZIP	SUNRISE FL 33313		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(f), 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: YVONNE BAKER****P****05/08/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)