

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001844

FILED
May 02, 2002 8:00 AM
Secretary of State

Entity Name: THE REPAIRERS OF THE BREACH COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

7481 SUNSET STRIP
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

7481 SUNSET STRIP
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 65-0995614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, HENRIETTA
19563 N.W. 55 CIRCLE PLACE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T/D () Delete
Name: WHITE, ANN M T/D
Address: 7481 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313 US

Title: P () Delete
Name: BAKER, YVONNE L PRESIDE
Address: 7481 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313 US

Title: V/D () Delete
Name: TOMLINSON, NADINE T V/D
Address: 2101 N.W. 62ND TERRACE
City-St-Zip: SUNRISE, FL 33313 US

Title: S/D () Delete
Name: BOWEN, HENRIETTA S/D
Address: 19563 N.W. 55 CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE BAKER

P

05/02/2002

Electronic Signature of Signing Officer or Director

Date