

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90190 026 \*\*\*\*61.25

DOCUMENT # N0000000 1873

1. Entity Name  
*The Balisier People of Florida*



**DO NOT WRITE IN THIS SPACE**

90138424

2. Principal Place of Business  
*3190 S. STATE Road 7*

Suite, Apt. #, etc.  
*Miramar FL*  
City & State

3. Mailing Address  
*3190 S. STATE Rd 7*

Suite, Apt. #, etc.  
*Bay 12*  
City & State  
*Miramar FL*

DO NOT WRITE IN THIS SPACE

Zip  
*33023*

Country

Zip  
*33023*

Country

4. FEI Number  
*65-0993637*

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*STANISLAUS HUGGINS*

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

*4300 Shumidan St Apt 343*

City  
*Hollywood*

FL

Zip Code  
*33021*

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 *Stan Huggins*

*5-29-03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*STANISLAUS HUGGINS*  
*President*  
*33021*  
*4300 Shumidan St Hollywood FL*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Jeanette Haynes*  
*Secretary*  
*33323*  
*2801 NW 112th Ave Plantation FL*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Public Relation Officer*  
*Karen Rolle*  
*1436 NW 14th Drive Miami FL*  
*33167*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanislaus Huggins*

*4/16/03 954-965-9655*

CR2E037B (12/02)