

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2003 8:00 am**  
**Secretary of State**

06-18-2003 90021 026 \*\*\*\*61.25

**DOCUMENT # N00000002774**

1. Entity Name  
**REACH FOR THE TOP, INC.**



Principal Place of Business  
**6635 W. COMMERCIAL BLVD  
109  
TAMARAC FL 33319**

Mailing Address  
**6635 W. COMMERCIAL BLVD  
109  
TAMARAC FL 33319**

2. Principal Place of Business  
**7677 NW 57 Street**

3. Mailing Address  
**7677 Nw 57 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tamarac, FL**

City & State  
**Tamarac, FL**

4. FEI Number **65-1018122**

Applied For  
Not Applicable

Zip **33351**

Country  
**USA**

Zip **33351**

Country  
**USA**

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

**HOWARD, KISHA U  
203 BELMONT LANE  
FORT LAUDERDALE FL 33068**

Name  
**Kisha Howard**

Street Address (P.O. Box Number is Not Acceptable)  
**7677 NW 57 ST**

City  
**Tamarac, FL**

FL Zip Code  
**33351**

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

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

(NOTE: Registered Agent signature required when reinstating)

5/5/03  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PED  
HOWARD, KISHA U  
6635 W COMMERCIAL BLVD  
TAMARAC FL 33319** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PED  
Kisha Howard  
7677 NW 57 St  
Tamarac, FL 33351** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
HOWARD, WYLIE SR.  
6920 NW 44TH TERRACE  
LAUDERHILL FL 33309** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOWARD, WYLIE JR.  
1600 NE 4TH AVE  
FORT LAUDERDALE FL 33305** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
AHMED, SHAZAAD  
6440 NW 53RD STREET  
LAUDERHILL FL 33310** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
AHMED, SHAZAAD ESQ  
6440 NW 53RD STREET  
LAUDERHILL FL 33319** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LYONS, REV MARK  
400 NW 9TH AVE  
FORT LAUDERDALE FL 33311** ☐ 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:

SIGNATURE REQUIRED

5/5/03  
Date

Daytime Phone #

CR2E037 (10/02)