FILED
Jun 13, 2002 8:00 am
Secretary of State
05-14-2002 90335 045 ****61.25

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

DOCUMENT # N00000004812 ✓

1. Entity Name

MIETA FREEDOM COUNSELING CENTER, INC

35290

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
209 NE 95th STREET	209 NE 95th STREET
Suite, Apt. #, etc.: ONE	Suite, Apt. #, etc.: ONE
City & State: MIAMI SHORES, FLORIDA	City & State: MIAMI SHORES, FLORIDA
Zip: 33138 Country: USA	Zip: 33138 Country: USA

4. FEI Number: 65-1025054 ☐ 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: GABRIEL ALEXIS, ESQ

Street Address (P.O. Box Number is Not Acceptable): 4715 NW 58th AVENUE

City: CORAL SPRINGS FLORIDA 33067 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: GabrielleAlexis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

DATE: 4/29/2002

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: EVENETTE MONDESIR STREET ADDRESS: 14201 SW 41st STREET CITY-ST-ZIP: MIRAMAR, FLORIDA 33027	TITLE: D NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VICE PRESIDENT NAME: GABRIELLE ALEXIS STREET ADDRESS: 4715 NW 58th AVENUE CITY-ST-ZIP: CORAL SPRINGS, FLORIDA 33067	TITLE: T NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SECRETARY NAME: EBERNST ALEXANDRE STREET ADDRESS: 4715 NW 58th AVENUE CITY-ST-ZIP: CORAL SPRINGS, FL 33067	TITLE: T NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TREASURER NAME: PABOUNITON AGAMA STREET ADDRESS: 14201 SW 41st STREET CITY-ST-ZIP: MIRAMAR, FLORIDA 33027	TITLE: T NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E037B (12/01)

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: GabrielleAlexis GABRIELLE ALEXIS 4/29/2002 (305) 751-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #