

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 012 ****61.25

DOCUMENT # *N00000005005*

1. Entity Name

THE PEACE AMBASSADORS' INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

68 N.W. 85TH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33150

Country

MIAMI-USA

Zip

Country

4. FEI Number

65-1032242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GENEVIEVE MAIGNAN

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

68 N.W. 85TH ST

City

MIAMI

FL

Zip Code
33150

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

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DIRECTOR	BEATRICE BURNS	166 SW 84 ST	MIAMI, FL 33157
DIRECTOR	ALLAN DOYLE	175 FOUNTAINBLEAU Blvd. St. 1-B	MIAMI, FL 33172
DIRECTOR	GENEVIEVE MAIGNAN	68 NW 85 ST.	MIAMI, FL 33150
DIRECTOR	JILL STRUBE	11907 SW 77 Ter.	MIAMI, FL 33183

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**DO NOT WRITE
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:

GENEVIEVE MAIGNAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
Date

305-274-0181
Daytime Phone #

CR2E037B (12/01)