2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# N00000007694

Entity Name: RESTORATIVE JUSTICE CENTER FOR CAPITAL CASES, INC.

Current Principal Place of Business:

GABLES ONE TOWER
1320 S DIXIE HWY STE 450
MOAMO, FL 33146

New Principal Place of Business:

GABLES ONE TOWER
1320 S DIXIE HWY STE 450
MIAMI, FL 33146

Current Mailing Address:

GABLES ONE TOWER
1320 S DIXIE HWY STE 450
MOAMO, FL 33146

New Mailing Address:

GABLES ONE TOWER
1320 S DIXIE HWY STE 450
MIAMI, FL 33146

FEI Number: 65-1063419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WASSON, ROY D
GABLES ONE TOWER
1320 S DIXIE HWY STE 450
MIAMI, FL 33146 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: D ( ) Delete
Name: WASSON, ROY D
Address: 1320 S DIXIE HWY STE450
City-St-Zip: MIAMI, FL 33146

Title: D ( ) Delete
Name: RERES, GEORGE E
Address: 201 SE 6TH ST THIRD FL N WING
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: PASTERKIEWICZ, DIANE
Address: 198 GALLOPING HILL RD
City-St-Zip: ROSELLE PARK, NJ 07204

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:

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: ROY D. WASSON D 05/01/2002

Electronic Signature of Signing Officer or Director — Date