8/1/2002-90167-020

8/1/2002

# FILED
# Sep 10, 2002 8:00 am
# Secretary of State

08-01-2002 90167 020 ****61.25

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007814

1. Entity Name

NEW START TO LIFE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1981 N.W. 81ST ST.<br>MIAMI FL 33147 | 1981 N.W. 81ST ST.<br>MIAMI FL 33147 |

[redacted]

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1058866 — Applied For / Not Applicable

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 |
|---|---|
| JOHNSON, TARA<br>1981 N.W. 81ST ST.<br>MIAMI FL 33147 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

| After September 13, 2002, min. will be $238.25. | 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 | ☐ Delete |
|---|---|
| D<br>JOHNSON, TARA<br>1981 N.W. 81ST ST.<br>MIAMI FL 33147 | |
| D<br>JACKSON, LATONIA<br>1401 NW 65TH ST.<br>MIAMI FL 33147 | |
| D<br>JOHNSON, RHONDA<br>1350 NW 84TH TERR.<br>MIAMI FL 33147 | |
| | |
| | |
| | |
| | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition |
|---|---|
| P<br>Cheryl Rolle<br>1350 NW 84th<br>Miami, FL | |
| | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |

CR2E037 (4/02)

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~~ Tara Johnson 8/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(305)547-4300 (D)
(305)693-5905 (B)