

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000007938**1. Entity Name
THE HEART OF THE CITY, INC.

Principal Place of Business 5525 NW 7TH AVE MIAMI FL 33127	Mailing Address 5525 NW 7TH AVE MIAMI FL 33127
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1405 NW 203 ST Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33127	Zip 33169

4. FEI Number 65-1062031	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOBLEY DWIGHT 5525 NW 7TH AVE MIAMI FL 33127	7. Name and Address of New Registered Agent Name MOBLEY DWIGHT Street Address (P.O. Box Number is Not Acceptable) 1405 NW 203 ST City MIAMI FL Zip Code 33169
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	02/13/2001 <small>DATE</small>
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D HUMES GLORIA J 1780 NW 51 TER MIAMI FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D MOBLEY MELODY 1405 NW 203 ST MIAMI FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DT HAYWOOD SANDRA 652 NW 46 STREET MIAMI FL 33127		DT HAYWOOD SANDRA 644 NW 46 STREET MIAMI FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS MOBLEY MELODY 1405 NW 203 RD STREET MIAMI FL 33169		DVPS SPENCE CRYSTAL 14420 NW 16 AVE MIAMI FL 33167	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP MOBLEY DWIGHT 1405 NW 203 RD STREET MIAMI FL 33169			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DWIGHT MOBLEY	DP	02/13/2001
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CR2E037 (11/00)