

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008156

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** SISTERHOOD-NOW AND FOREVER INC.

**Current Principal Place of Business:**

536 N. BISCAYNE RIVER DR.  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

536 N. BISCAYNE RIVER DR.  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 65-1129210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, JOYCE  
536 N. BISCAYNE RIVER DR.  
MIAMI, FL 33169

**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: PD ( ) Delete  
Name: MCKINNEY, FEBORAH H  
Address: 13855 N 5TH COURT  
City-St-Zip: MIAMI, FL 33165

Title: VPD ( ) Delete  
Name: HUDSON, JOE ANNA  
Address: 195 SIERRA DR  
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete  
Name: JONES, JOYCE  
Address: 536 N BISCAYNE RIVER DR  
City-St-Zip: MIAMI, FL 33165

Title: TD ( ) Delete  
Name: BOWENS, LILLIE  
Address: 1254 NW 53 STREET  
City-St-Zip: MIAMI, FL 33142

**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:

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: FEBORAH, HUDSON-MCKINNEY

PD

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date