

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90005 042 \*\*\*\*70.00

**DOCUMENT # N01000002324**

1. Entity Name

**FRIENDS FOREVER RESCUE, INC.**

Principal Place of Business

11935 SW 102 AVENUE  
 MIAMI FL 33176

Mailing Address

11935 SW 102 AVENUE  
 MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1112741

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

KAMEN, CINDI  
 7000 SW 97 AVE.  
 SUITE 210  
 MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **D** PRESIDENT  
 NAME **DOROTHY CHESSE** ☐ Delete  
 STREET ADDRESS **11935 SW 102 AVE**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** V. PRESIDENT  
 NAME **BARBARA MOSS** ☐ Delete  
 STREET ADDRESS **8971 S.W. 182 TERR**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** SECY.  
 NAME **SUSAN WOYCHUK** ☐ Delete  
 STREET ADDRESS **10440 S.W. 110 ST.**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** TREAS  
 NAME **RENA LEVENTHAL** ☐ Delete  
 STREET ADDRESS **6801 S.W. 147 AVE #2C**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOROTHY CHESSE**

**2/22/02**

**3052512477**

Date

Daytime Phone #

CR2E037 (9/01)