

4/9/1

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2002 8:00 am
Secretary of State

04-09-2002 91184 048 ****70.00

DOCUMENT # N01000002472

1. Entity Name

RENEE'S OUTREACH, INC.

Principal Place of Business

**420 NE 2ND AVE
HALLANDALE FL 33009**

Mailing Address

**P.O. BOX 327
DANIA FL 33004**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2606

DO NOT WRITE IN THIS SPACE

City & State

City & State

Hallandale

A. FEI Number

65-109 8366

Applied For

Not Applicable

Zip

Country

33008**USA**

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

Name

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

City

FL

Zip Code

**WILSON, IVORY
3571 NW 2ND ST
FT LAUDERDALE FL 33311**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Craig Smith Jr. Vice President <input type="checkbox"/> Delete
NAME	708 NW 3rd St
STREET ADDRESS	Hallandale FL 33009
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Lizette Bowie Treasure <input type="checkbox"/> Delete
NAME	2443 Fletcher
STREET ADDRESS	Hollywood FL 33020
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Sandra Harris (Secretary) <input type="checkbox"/> Delete
NAME	P.O. Box 222
STREET ADDRESS	Hallandale, FL 33009
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Sylvester Lockhart Chairman <input type="checkbox"/> Delete
NAME	9908 Westwood Drive
STREET ADDRESS	Temarue, FL 33321
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Renee Lucas President <input type="checkbox"/> Delete
NAME	P.O. Box 2606
STREET ADDRESS	Hallandale FL 33008
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**S. Renee Lucas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (9/01)