

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP -5 AM 10:56



DOCUMENT # N0100002960  
1. Entity Name  
Vibes Cultural Outreach Corp.

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 2. Principal Place of Business<br>3600 S. State Rd 7<br>Suite, Apt. #, etc.<br>306<br>City & State<br>Miramar | 3. Mailing Address<br>3600 S. State Rd.<br>Suite, Apt. #, etc.<br>306<br>City & State<br>Miramar |
|---|--|

|              |                  |              |                  |
|--------------|------------------|--------------|------------------|
| Zip<br>33023 | Country<br>U.S.A | Zip<br>33023 | Country<br>U.S.A |
|--------------|------------------|--------------|------------------|

4. FEI Number  Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Daniel Grass  
Street Address (P.O. Box Number is Not Acceptable)  
1001 NW 50th Ste 204  
City Sunrise FL FL Zip Code 33551

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

10-05-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|  |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Fearon, Alva<br>3600 S. State Rd 7. Ste 306<br>Miramar FL 33023   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Chung Enrol<br>3600 S. State Rd 7 Ste 306<br>Miramar, FL 33023   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>Chung Natalie<br>3600 S. State Rd 7. Ste 306<br>Miramar FL 33023 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**REINSTATEMENT 02-03**

900022791999  
09/05/03--01056--001 \*\*300.00

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE: Daniel Grass

09/14/03 (959) 962-1330

CR2E037B (12/02)