

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004332

FILED
Sep 11, 2003
Secretary of State

Entity Name: POSITIVE HABITAT ASPIRING TEENS, INC.

Current Principal Place of Business:

5206 4TH ROAD NORTH
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

5206 4TH ROAD NORTH
WEST PALM BEACH, FL 33415 US

New Mailing Address:

FEI Number: 65-1125122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACKSON, VALERIE D
5206 4TH ROAD NORTH
WEST PALM BEACH, FL 33415 US

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: C/D () Delete
Name: STAFFICO, DEJARBAS
Address: 5501 PICCACLE LANE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T/D () Delete
Name: BENNETT, RICHARD
Address: 6801 NW 15TH AVENUE
City-St-Zip: MIAMI, FL 33417

Title: S/D () Delete
Name: LOWE, DIANA
Address: 6162 MULLIN STREET
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change () Addition
Name: STAFFICO, DEJARBAS
Address: 5501 PICCACLE LANE
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: T/D (X) Change () Addition
Name: BENNETT, RICHARD
Address: 6801 NW 15TH AVENUE
City-St-Zip: MIAMI, FL 33147 US

Title: D (X) Change () Addition
Name: LOWE, DIANA
Address: 6162 MULLIN STREET
City-St-Zip: JUPITER, FL 33458 US

Title: S/D () Change (X) Addition
Name: NIXON, MARISA
Address: 15390 80TH LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: DEJARBAS STAFFICO

C/D

09/11/2003

Electronic Signature of Signing Officer or Director

Date