

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000004335**

1. Entity Name

INDIVIDUALS WHO CARE ABOUT PEOPLE, INC.

Principal Place of Business

**15245 S.W. 108 COURT
MIAMI FL 33157**

Mailing Address

**POST OFFICE BOX 165403
MIAMI FL 33116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1128846

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****WASHINGTON, ENZIE
15245 S.W. 108 COURT
MIAMI FL 33157****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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **WASHINGTON, ENZIE**
STREET ADDRESS **15245 S.W. 108 COURT**
CITY-ST-ZIP **MIAMI FL 33157**TITLE **D** ☐ Delete
NAME **REASER, FRED**
STREET ADDRESS **10451 S.W. 141 DRIVE**
CITY-ST-ZIP **MIAMI FL 33176**TITLE **D** ☐ Delete
NAME **WESTON, JEANETTE**
STREET ADDRESS **17882 S.W. 107 AVENUE #5**
CITY-ST-ZIP **MIAMI FL 33157**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED
WASHINGTON

Date

4/30/02

Daytime Phone #

305 256 2741

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)