

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004335

FILED
May 12, 2003
Secretary of State

Entity Name: INDIVIDUALS WHO CARE ABOUT PEOPLE, INC.

Current Principal Place of Business:

15245 S.W. 108 COURT
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 165403
MIAMI, FL 33116

New Mailing Address:

FEI Number: 65-1128846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, ENZIE
15245 S.W. 108 COURT
MIAMI, FL 33157

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: D () Delete
Name: WASHINGTON, ENZIE
Address: 15245 S.W. 108 COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: REASER, FRED
Address: 10451 S.W. 141 DRIVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: WESTON, JEANETTE
Address: 17882 S.W. 107 AVENUE #5
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ENZIE WASHINGTON

D

05/12/2003

Electronic Signature of Signing Officer or Director

Date