

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90962 022 ****61.25

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DOCUMENT # N01000005165

1. Entity Name
DESTINY SCHOOL OF ETIQUETTE & PAGEANTRY, INC.



Principal Place of Business
**18151 NE 31 CT. #1714C
AVENTURA FL 33160**

Mailing Address
**18151 NE 31 CT. #1714C
AVENTURA FL 33160**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **65-1123843**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BASS, CONSTANCE P
18151 NE 31 CT. #1714C
AVENTURA FL 33160

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

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	D	<input type="checkbox"/> Delete
NAME	BASS, CONSTANCE	
STREET ADDRESS	18151 NE 31 CT #1714C	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROSETTA	
STREET ADDRESS	1441 NW 175 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARVEY, ROSA	
STREET ADDRESS	2900 NW 180 STREET	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKSON, SAMUEL	
STREET ADDRESS	341 SW 203RD AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Constance Bass *April 24, 2003* 305-466-2622 305-527-6052

CR2E037 (10/02)