

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-01-2002 90024 050 ****61.25

DOCUMENT # NO1000005264

1. Entity Name

MAKING A DIFFERENCE, INC.

Principal Place of Business

Mailing Address

1275 NE 151ST ST.
N. MIAMI BCH FL 331621275 NE 151ST ST.
N. MIAMI BCH FL 33162

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

☒ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITHS, BEVERLY A
1275 NE 151ST ST.
N. MIAMI BCH FL 33162

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	GRIFFITHS, BEVERLY	
STREET ADDRESS	1275 NE 151ST ST.	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE	TD	☐ Delete
NAME	GRIFFITHS, WALDIN SR.	
STREET ADDRESS	1275 NE 151ST ST.	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE	D	☒ Delete
NAME	GRIFFITHS, WALDIN	
STREET ADDRESS	1275 NE 151ST ST.	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE	SD	☐ Delete
NAME	GRIFFITHS, DESIREE	
STREET ADDRESS	1275 NE 151ST ST.	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE	VD	☒ Delete
NAME	GRIFFITHS, MARCIA	
STREET ADDRESS	1275 NE 151ST ST.	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	JENALE GRIFFITHS	
STREET ADDRESS	1275 N.E 151ST	
CITY-ST-ZIP	Nm Bch Fl. 33162	
TITLE	SD	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)