

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-27-2002 90060 029 ****61.25

DOCUMENT # N01000005379

1. Entity Name

JUST IMAGINE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2416 FLAMINGO DR. #12
 MIAMI BCH FL 33140**

**2416 FLAMINGO DR. #12
 MIAMI BCH FL 33140**

2. Principal Place of Business

3. Mailing Address

2416 Flamingo Dr.

2416 Flamingo Dr. # 12



Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

12

City & State

City & State

Miami Beach FL.

Miami Beach FL.

4. FEI Number

31-1798698

Applied For

Not Applicable

Zip

Country

Zip

Country

33140

U.S.A

33140

U.S.A

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CAMACHO, TANYA
 2416 FLAMINGO DR. #12
 MIAMI BCH FL 33140**

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 \$61.25

9. 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Vice President**
 STREET ADDRESS **Andrew Russell**
 CITY-ST-ZIP **1090 NE 132 St
 North Miami 33161**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **President and Treasurer**
 STREET ADDRESS **Tanya Camacho**
 CITY-ST-ZIP **2416 Flamingo Dr. #12
 Miami Beach FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Jairo Vargas**
 STREET ADDRESS **Vice President**
 CITY-ST-ZIP **10925 SW 12 Ave. # 110
 Miami 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Edgar Facuseh**
 CITY-ST-ZIP **1144 SW 78th Ct.
 Miami FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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 REQUIRED

Feb. 1, 02

Date

**305-532-1856
 305-331-6233**

Daytime Phone #

CR2E037 (9/01)