

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90175 024 \*\*\*\*61.25

**DOCUMENT # N01000005379**

1. Entity Name

**JUST IMAGINE FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**1504 Michigan Ave. #11  
#11**

3. Mailing Address

**1504 Michigan Ave.  
#11**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami Beach FL.**

City & State

**Miami Beach FL.**

Zip

**33139**

Country

**U.S.A**

Zip

**33139**

Country

**U.S.A**

4. FEI Number **31-1798698**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Tanya Camacho**

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

**1504 Michigan Ave. #11**

City **Miami Beach**

**FL**

Zip Code  
**33139**

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 **VPD** ☐ Delete  
NAME **RUSELL, ANDREW**  
STREET ADDRESS **1090 NE 132 ST.**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **PTD** ☐ Delete  
NAME **CAMACHO, TANYA**  
STREET ADDRESS **2416 FLAMINGO DR. #12**  
CITY-ST-ZIP **MIAMI FL 33140**

TITLE **VPD** ☒ Delete  
NAME **YARGAS, JAIRO**  
STREET ADDRESS **10525 S.W. 112 AVE. #110**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SD** ☐ Delete  
NAME **FACUSEH, EDGAR**  
STREET ADDRESS **1147 S.W. 78TH CT.**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ 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 REQUIRED**

**Jan. 27, 2003 (305) 532-1856**

CR2E037 (10/02)