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

## DOCUMENT # N0100007110

SIGNATURE:

MIAMI COMMUNITY SERVICES, INC.

/	

## **FILED** Sep 15, 2003 8:00 am Secretary of State 09-15-2003 90153 004 \*\*\*\*61.25

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					NE TRUS						
Principal Place 13825 SOUTH BOX 159 MIAMI FL 3315	95:		6		9524 hu 1 r 33186						
2. Principal P	Place of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc. / Raj Prakash									
/o Raj Prakash			9534 SW 143 Court			CHECK HERE IF MAKING CHANGES					
City & Stat		SW 143 Court FL 33186-8004	City & State Miami, FL 33186-800			4. FEI Number APPLIED FOR Applied For Not Applicable					
Zip		Country	Zip	Cou	ntry 	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	7. Name and Add	ress of New Regi	stered Agent						
					eet Address (P.O. Box Number is Not Acceptable) Raj Prakash  9534 SW 143 Court  Miami, FL 33186-8004						
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 a	and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)		DATE			
	FEE IS \$61,25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees						
10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	V 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		I, George Jihwest 88th Stree 33186	☐ Delete		T ADDRESS ST-ZIP			🕍 Change	Addition S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T .	AUD, NEVILLE JTHWEST 88TH STREE 33186	☐ Delete	1	- 1	,		Change	Addition		
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12. I hereby of indicated of the corporated, changed,	certify that the on this report poration or the or on an attac	information supplied with or supplemental report is e receiver or trusted empor chment with an address, w	this filing does not quali true and accurate and t wered to execute this re ith all other like empoye	fy for the exen hat my signatu port as require ered.	nption stated in Secure shall have the secure 617	ction 119.07(3)(i), Florame legal effect as i , Florida Statutes; an	orida Statutes. I furi f made under oath d that my name ap	ther certify that the in ; that I am an officer pears in Block 10 or	nformation or director Block 11 if		