

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-20-2002 90110 025 ****70.00

DOCUMENT # N01000007123

1. Entity Name

UPPER ROOM ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**3800 N.W. 199TH ST.
MIAMI FL 33055**

**3800 N.W. 199TH ST.
MIAMI FL 33055**

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

**COOPER, MARC REV.
3800 N.W. 199TH ST.
MIAMI FL 33055**

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 \$61.25

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	ED	<input type="checkbox"/> Delete
NAME	COOPER, MARC REV.	
STREET ADDRESS	3800 N.W. 199TH ST.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOPER, JOY	
STREET ADDRESS	3800 N.W. 199TH ST.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, AMY	
STREET ADDRESS	3800 N.W. 199TH ST.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	DD	<input type="checkbox"/> Delete
NAME	WALTON, COLEMAN	
STREET ADDRESS	3800 N.W. 199TH ST.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACKSON, JINESTER	
STREET ADDRESS	3800 N.W. 199TH ST.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
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		
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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: **SIGNATURE REQUIRED**

4/11/02 (305) 620-1557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)