FILED
May 29, 2002 8:00 am
Secretary of State
05-02-2002 90044 029 ****61.25

88028

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008673

1. Entity Name

AMERICA ISLAND MISSION INC.

Principal Place of Business
320 NE 180TH DRIVE
NORTH MIAMI BEACH FL 33162
17

Mailing Address
320 NE 180TH DRIVE
NORTH MIAMI BEACH FL 33162
17

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0383294 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THERMIDOR, ELEONORE
320 NE 180TH DRIVE
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
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

TITLE P-D
NAME THERMIDOR, ELEONORE
STREET ADDRESS 320 NE 180TH DRIVE
CITY-ST-ZIP N MIAMI BEACH FL 33162
☐ Delete

TITLE T-D
NAME FOSTER, CAROL
STREET ADDRESS 111 NE 175th Street
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162
☐ Delete

TITLE S-D
NAME BRYANT, IRMA
STREET ADDRESS 320 NE 180TH DRIVE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162
☐ Delete

TITLE V-D
NAME MARCELIN, PRENEL
STREET ADDRESS 9244 N.W. 119th Street
CITY-ST-ZIP MIAMI FL 33168
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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☐ Change ☐ Addition

CR2E037 (9/01)

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 no address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eleonore Thermidor
04/18/02
Date
Daytime Phone #