

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000093

FILED  
Sep 05, 2003  
Secretary of State

Entity Name: PROJECT EMBRACE, INC.

## Current Principal Place of Business:

400 NW 183 STREET  
MIAMI, FL 33169

## New Principal Place of Business:

## Current Mailing Address:

400 NW 183 STREET  
MIAMI, FL 33169

## New Mailing Address:

FEI Number: 01-0607729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER, ADRIAN L  
400 NW 183 STREET  
MIAMI, FL 33169

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, LARRY  
Address: 190 NE 199TH STREET  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Change (X) Addition  
Name: BRUTON, ALPHONSO  
Address: 10410 SW 17TH ST  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Change (X) Addition  
Name: IFILL, VALARIE  
Address: 2121 SW 52ND LANE  
City-St-Zip: PLANTATION, FL 33317

Title: P ( ) Change (X) Addition  
Name: FOSTER, ADRIAN L  
Address: 400 NW 183RD ST  
City-St-Zip: MIAMI, FL 33169

Title: V ( ) Change (X) Addition  
Name: FOSTER, DEXTER B  
Address: 1240 NW 203 ST  
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Change (X) Addition  
Name: JACKSON, GINETTE L  
Address: 18852 46TH CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINETTE JACKSON

S

09/05/2003

Electronic Signature of Signing Officer or Director

Date