

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

5/5/2003-91877-001-\$70.00-\$70.00 *
9/12/2003-90087-050-\$61.25-\$61.25

0007389

DOCUMENT # N02000000520

1. Entity Name

ADA MAE PASCHALL FAMILY-FUNDING CORP.



03 OCT 20 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4608 N.W. 7TH AVENUE
MIAMI FL 33127

Mailing Address

4608 N.W. 7TH AVENUE
MIAMI FL 33127

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

51-0485291

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAIN, CARDINAL
4600 N.W. 7TH AVENUE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name Sonny Wright
Street Address (P.O. Box Number is Not Acceptable)
4600 N.W. 7th Ave
Miami
City FL Zip Code 33127

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

Sonny Wright Director

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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 PD
NAME RHONE, NEVILLE L
STREET ADDRESS 689 FOX CREEK CT.
CITY-ST-ZIP WESTON FL 33324

TITLE VPD
NAME WRIGHT, VEONISE J
STREET ADDRESS 4600 N.W. 7TH AVENUE
CITY-ST-ZIP MIAMI FL 33127

TITLE SD
NAME HOWARD, BEREATHA
STREET ADDRESS 4600 N.W. 7TH AVENUE
CITY-ST-ZIP MIAMI FL 33127

TITLE TD
NAME IROHA, OBIKE D PASTOR
STREET ADDRESS 4600 N.W. 7TH AVENUE
CITY-ST-ZIP MIAMI FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sonny Wright Director

9/10/03

305-751-8642

Daytime Phone #

CR2E037 (4/03)

9/10/22