

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91879 040 *****70.00

DOCUMENT # N02000005439

1. Entity Name

TRANSFORMING STRATEGIES INC.



Principal Place of Business

**40 N.E. 8TH STREET
MIAMI FL 33132**

Mailing Address

**555 N.E. 84TH STREET #1505
MIAMI FL 33197**

2. Principal Place of Business

10975 NW 63rd STREET

3. Mailing Address

10975 NW 63rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

55-0786969

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LARRY R. WYNN, D. MIN

**555 N.E. 84TH STREET #1505
MIAMI FL 33197**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and the applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C D	<input type="checkbox"/> Delete
NAME	Steve Harris, Esq.	
STREET ADDRESS	1129 East Walnut	
CITY-ST-ZIP	Springfield, Missouri 65806	
TITLE	P D	<input type="checkbox"/> Delete
NAME	Larry R. Wynn, D. Min.	
STREET ADDRESS	10975 N.W. 63rd St.	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	S D	<input type="checkbox"/> Delete
NAME	Marilyn Hardy, D. Min.	
STREET ADDRESS	464 N.E. 16th St	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	T D	<input type="checkbox"/> Delete
NAME	Laquita V. Wynn	
STREET ADDRESS	14622 S.W. 143rd Place Circle	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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] **REKARR D. Wynn**

5/1/03

305-477-9466

CR2E037 (10/02)