FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 09, 2001 8:00 am Secretary of State DOCUMENT # NO3226 1. Entity Name 02-07-2001 90184 024 \*\*\*\*70.00 BETTER WAY OF MIAMI, INC. Principal Place of Business Mailing Address 800 NW 28 STREET 800 NW 28 STREET MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address ----Suite. Apt. #. etc. \_ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2462933 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, JERRY 17051 NE 35TH AVE., #110 NORTH MIAM! FL 33160 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 10 11. TITLE PD MARTIN BUEL D Delete TITLE Change 6831 SW 69 TERR. NAME MURRAY, JERRY NAME STREET ADDRESS 17051 NE 35TH AVE., #110 STREET ADDRESS MIAMI, FL 33143 CITY-ST-78 CITY-ST-ZIP MIAMI FL 33160 )HEATHER MOLAN 16180"SW 1-73-AVE VΡ MLE, Delete ■ Addition BUEL, MARTIN S NAME NAME MIAMI, FL 33187 STREET ADDRESS 6831 SW 69TH TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 NAA WHITE NETH TITLE n **Delete** TITLE ☐ Addition MARTIN, ERNIE NAME NAME STREET ADORESS STREET ADDRESS MIAMI, FL 33136 1000 N. RIVER DR-STE 114 CITY-ST-ZIP MIAM! FL 33136 CITY-ST-71P TITLE ST 🔼 Delete TITLE TERRY MURRACADIX Change 17051 NE 35 AVE #110 NO. MIAMI, FL 33160 NAME NIEVES, LENNY NAME STREET ADDRESS STREET ADDRESS 11815 NW 27TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33056 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 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