2002	2 UNIFORM BUS	الله الله الله الله الله الله الله الله							
DOCUMENT # N13941] FILED			
1. Entity Name						02 JUL 26 AMII: 18			
NATIVES OF DADE, INC.									
Principal Plac	ee of Business	Mailing Address	Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
8261-8W-36 -5	-6261-5W-38-5T-					10068	5643İ	L5	
P. O. BOX 145505 CORAL GABLES FL 33114-5505 US		P. O. BOX 145505 CORAL GABLES FL 33114-5505 US						201051- 25 **** [[]]]	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State				4. FEI Number 59	-2719355		Applied For Not Applicable
Zip	Country	Zip		Country		5. Certificate of Sta	tus Desired	\$8.75 / Fee Regu	
	6. Name and Address of Current	Registered Agent	red Agent			7. Name and Address of New Registered Agent			
SCOTT, GLYHM				Susan Perry Redding					
4915 SW 93RD CT MIAMI FL 33165						0 SW 58 C			
МАМ РС 33163				City Sc	City South Miami, FL 33,143 / 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 Ansau Kelting 7-5-02									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
							, Maka	Ohaak Basah	la ta
After September 13, 2002, 9. Election (min. will be \$236.25.			ampaign r I Contributi	-		\$5.00 May Be Added to Fees		Check Payab artment of St	1
10	OFFICERS AND DIF	ECTORS	11.			DDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS	UN 10
TITLE	P OFFICERS AND DIF	Delete	TITLE		P	DDITIONS/CHANGE	3 TO OFFICERS /	TS Chang	
NAME	POPE, SUZETTE		NAMI			ois Tait			
STREET ADDRESS CITY-ST-ZIP	3925 NW 4TH TERRACE			ET ADDRESS -ST-ZIP		3240 SW 35 Street			
	MIAMI FL 33126			mia Mia		ni FL 331 !		∑ Chang	le 🔲 Addition
TITLE NAME	SD Delete			- E	VP Peter Forrest				, dance
STREET ADDRESS				ET ADDRESS	50 SW 68 Avenue				
C/TY-ST-ZIP	MIAMI FL 33155		CITY	-ST-ZIP	Mian	ni FL 3314	44		
TITLE	TD .	☐ Delete	TITLÉ Nami		VPD		_	∑ Chang	e 🗌 Addition
NAME STREET ADDRESS.	REDDING, SUSAN 7930 S.W. 58TH COURT		•	et address-		es J. Hutson D-West 16-Av			
CITY-ST-ZIP	MIAMI FL 33143		CITY	-ST-ZIP		eah FL 3			
TITLE	v	☐ Delete	TITLE		RSD			L Chang	e 🗌 Addition
NAME	FORREST, PETER L		NAMI			la Marchese	_		
STREET ADDRESS CITY-ST-ZIP	50 SW 68 AVE MIAMI FL			ET ADDRESS -ST-ZIP	1086 Mian	50 SW 52 Dr [.] ni EL 3316	ive		
TITLE	D	2 Delete	TITLE		CSD	11 I-L 3310	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Chang	ge Addition
NAME	HICKEY, LEE	2 55.00	NAMI	E		McGarry		,	
STREET ADDRESS	2653 SW 24TH TERRACE			ET ADORESS	PO B	3ox 145505			
CITY-ST-ZIP	MIAMI FL 33145		_	-ST-ZIP	<u>Cora</u> TD	l Gables I	FL 33114	₩ Chang	e 🗆 Addition
TITLE NAME		☐ Delete	TITLE NAMI			ın P. Reddir	na	right clique	P L Addition
STREET ADDRESS				ET ADDRESS) SW 58 Cour	•		
CITY_ST_7IP	Ĩ		CITY.	-ST-7/P	1 : 300	. J	-		

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 REQUIRED

Susan Redding 7-5-02

CR2E037 (4/