

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24920

1. Entity Name

MIAMI MANDIR-PROJECT RELIEF, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90106 045 ****61.25

Principal Place of Business

7440 MIAMI LAKES DR
#F104
MIAMI LAKES FL 33014

Mailing Address

7440 MIAMI LAKES DR
#F104
MIAMI LAKES FL 33014-6838

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

58-8302010

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, BOBBI-ANNE, DR.
7440 MIAMI LAKES DR
#F104
MIAMI LAKES FL 33014

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, BOBBIE-ANNE DMD,CHT 7440 MIAMI LAKES DR 15665 Lakeway North MIAMI LAKES FL 33014 <i>MIAMI LAKES APT A-205</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAGUILA, RACHEL 151 SOUTH WILEY HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPHAEL, SASA 6600 SW 64TH CT S MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

N 2492EJ
952807

NEW ADD:

Dr. ~~Bob~~ Anne White

15665 LAKEWAY NORTH
205-A

Mitani Lakes Fl.
33014

DR. SCOTT W. HEDRICK, Chiropractor

Two locations to serve you

19509 NW 57th Ave.
~~(305) 438-4191~~

1434 NE 163rd St.
(305) 948-7285