

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N24920

1. Entity Name

MIAMI MANDIR-PROJECT RELIEF, INC.

Principal Place of Business

Mailing Address

**7440 MIAMI LAKES DR
 #F104
 MIAMI LAKES FL 33014**

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

J J A O V I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-8302010

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
D	WHITE, BOBBIE-ANNE DMD,CHT	7440 MIAMI LAKES DR 15665 Lakeway North	MIAMI LAKES FL 33014	<input type="checkbox"/>
D	DELAGUILA, RACHEL	151 SOUTH WILEY	HOLLYWOOD FL 33020	<input type="checkbox"/>
D	RAPHAEL, SASA	6600 SW 64TH CT	S MIAMI FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 empowerments.

SIGNATURE:

Sandra J. [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 May 2000
 Date Daytime Phone #

CR2E037 (9/99)

N 2492EJ
952807

NEW ADD:

Dr. ~~Paula~~ 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) 430-4191~~

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