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

DOCUMENT # N26483



FILED Aug 18, 2003 8:00 am Secretary of State
08-18-2003 90175 011 ****75.00

Principal Place of Business Mailing Address P. O. BOX 570013 9960 SW 160 ST MIAMI FL 33257-0013 MIAMI FL 33157	
) LIIALII EL 200E7 (1012 :	
MIAMI FL 33257-0013	
2. Principal Place of Business 3. Mailing Address	8
2. Principal Place of Business 3. Mailing Address	A
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	
E CHECK HERE IF MAKING CHANGES	
City & State City & State 4. FEI Number 59-2906579 Applied Fo	
Zip Country Zip Country 5 Contificate of Status Posited 😾 \$8.75 Additional	able
5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent	\Box
D Pame Paul PHARMER	
ALLEN, NANCYK PAUL HARMER Street Address (P.O. Box Number is Not Acceptable) 9960 SW 160 ST 10525 S. W. 161 TERRACE	
9960 SW 160 ST 10525 S, W, 161 TERR. 10625 S, W. (61 TERRED)	
MIAMI, FL 38167 City - Zin Code	
MIAMI FL 533(87)	
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 according to the obligations of registered agent.	ept
O on C	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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 , \$5.00 May Be Make Check Payable to	}
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing After September 10, 2003, min will be \$236.25 Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE S Delete TITLE M. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Add	Title (
TITLE S Delete TITLE M. Change Add	Julion S
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STREET ADDRESS 9980 SW 160 ST STREET ADDRESS 16250 S. W. 109 AVENUE CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP MIAMI, FL 33157	
TITLE D Change Add	ition c
NAME HOLLEY, ROBERT NAME STREET ADDRESS 15850 S.W. 105TH AVE. STREET ADDRESS	
CITY-ST-ZIP MIAMI FL CITY-ST-ZIP	
TITLE D TITLE D	ition
NAME PHARMER CAROL NAME CASOL FAM RM ER	
STREET ADDRESS 10521 SW 161 TERR STREET ADDRESS 10525 SW 161 TERR 10575 SW 161 TERR	Į
CITY-ST-ZIP MIAMI FL 33157 TITLE T CITY-ST-ZIP MIAMI FL 33157	ition
NAME ALLEN, NANCY K NAME PAUL PHARMEN	
NAME ALLEN, NANCY K STREET ADDRESS 9960 SW 160 ST CITY-ST-ZIP MIAMI FL 33157 NAME PAUL PHARMER 10525 S. W. 161 TERRACE CITY-ST-ZIP MIAMI FL 33167 - 3039	
TITLE P Delete TITLE Change Add	ition
STREET ADDRESS 10399 SW 156 ST STREET ADDRESS 10399 S. W. 156 STREET	1
CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP MIAMI, FL 33157	
TITLE V Delete TITLE P	ition
NAME MCTAGGERT, FELIX NAME NAME FELIX MCTAGGERT	
STREET ADDRESS 16170 SW 107 PLACE CITY-ST-ZIP MIAMI FL 33157 STREET ADDRESS 16170 S. W. 107 PLACE CITY-ST-ZIP MIAMI FL 33157	
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	n

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:

PIGNATURE REQUIRED PAUL PHARMER P-14-03 (305) 235-1788