

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90168 040 \*\*\*\*61.25

**DOCUMENT # N31742**

Entity Name  
**IMPROVEMENT OF MINORITIES IN INTERNAL REVENUE SERVICE (AIM-IRS), INC.**

Principal Place of Business CROOK, TERRI POST OFFICE BOX 15736 PLANTATION FL 33318	Mailing Address C/O CROOK, TERRY POST OFFICE BOX 15736 PLANTATION FL 33318 US
---	---



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0070697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOORE, TERRY**  
**7850 SW 6TH COURT**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 Terri Crook, President DATE 2/05/2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE PD CROOK, TERRI STREET ADDRESS 1700 PALM BEACH LAKES CITY-ST-ZIP WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE TD MOORE, TERRY STREET ADDRESS 7850 SW 6TH COURT CITY-ST-ZIP PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE SD PETERSON, RENEE STREET ADDRESS 7850 SW 6TH COURT CITY-ST-ZIP PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE VD GIBBS, VONICE STREET ADDRESS 300 LOCK ROAD CITY-ST-ZIP DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE SD ACKLIN, RHONDA STREET ADDRESS 7850 SW 6TH COURT CITY-ST-ZIP PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE VD BYRD, CALVIN STREET ADDRESS 300 LOCK ROAD, STOP 5420 CITY-ST-ZIP DEERFIELD BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

2. 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: Terri Crook, President DATE 2/5/2002 (954) 423-7489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)