

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91723 034 ****70.00

DOCUMENT # N35447

1. Entity Name

**HAVILAH: FAMILY CENTER FOR COUNSELING, MOTIVATIO
N, PERSONAL DEVELOPMENT AND RESEARCH, INC.**

Principal Place of Business

Mailing Address

99 9TH COURT
FL 33169

*Q/d
Address*

207-49 9TH COURT
#107
MIAMI FL 33169

*Q/d
Address*

2. Principal Place of Business

3. Mailing Address

21361 N.E. 8TH AVE.

21361 N.E. 8TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

#1

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33179

USA

33179

USA

6. Name and Address of Current Registered Agent

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MILLER, GRACIE A.
207-49 9TH COURT *21361 N.E. 8TH AVE.*
APT #107 *Apt. #1*
MIAMI FL 33169 *MIAMI, FL 33179*

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 ☐ Delete
NAME **PD**
MILLER, GRACIE A
STREET ADDRESS **207-49 9TH COURT, #107**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
RAIFORD, MILDRED
STREET ADDRESS **1501 NE 43RD ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
WIGGINS, CARTER
STREET ADDRESS **1175 NE 125TH ST**
CITY-ST-ZIP **N. MIAMI BCH FL 33161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Gracie A. Miller

5/3/02

305/655-0802

CR2E037 (9/01)