2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# N37976

Entity Name: PEOPLE ACTING FOR COMMUNITY TOGETHER, INC.

Current Principal Place of Business:

1883 N.W. 7TH ST.
#8
MIAMI, FL 33125 US

New Principal Place of Business:

250 NE 17TH TERRACE
MIAMI, FL 33132 US

Current Mailing Address:

1883 N.W. 7TH ST.
#8
MIAMI, FL 33125 US

New Mailing Address:

250 NE 17TH TERRACE
MIAMI, FL 33132 US

FEI Number: 65-0080062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DORFMAN, AARON C.
1883 NW 7TH STREET
SUITE 8
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

DORFMAN, AARON C.
250 NE 17TH TERRACE
MIAMI, FL 33132 US

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: _____ 04/30/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BRUTUS, FR FERRY
Address: 14500 NE 11 AVE
City-St-Zip: NORTH MIAMI, FL 33161

Title: DV ( ) Delete
Name: BROOKS, ERMIN
Address: 495 NW 191 ST.
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: STANKIEWICZ, HELEN
Address: 42 E 50 PLACE
City-St-Zip: HIALEAH, FL 33013

Title: D ( ) Delete
Name: JIRUSKA, ANNA
Address: 8861 SW 54 ST
City-St-Zip: MIAMI, FL 33165

Title: SD (X) Delete
Name: WHILBY, GLORIA
Address: 2090 NE 168 ST. APT #5
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GARZA, ROBERTO
Address: 3220 NW 7 AVE
City-St-Zip: MIAMI, FL 33127 US

Title: DV (X) Change ( ) Addition
Name: FORDE, SHIRLEY
Address: 420 NW 8 STREET
City-St-Zip: MIAMI, FL 33136 US

Title: DS (X) Change ( ) Addition
Name: MARTINEZ, JULIE
Address: 243 NE 110 STREET
City-St-Zip: MIAMI, FL 33161 US

Title: DT (X) Change ( ) Addition
Name: BROWN, JIMMIE
Address: 2001 NW 35 STREET
City-St-Zip: MIAMI, FL 33142 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY FORDE DV 04/30/2002
Electronic Signature of Signing Officer or Director — Date