

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 12, 2002 8:00 am**
Secretary of State

06-12-2002 90238 033 ****70.00

0000438

DOCUMENT # N49825

1. Entity Name

THE NEW RESPONSIBLE PEOPLE-PET OWNERSHIP SELF-EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O SCHALLOT C. SLADE
1170 N.W. 79TH ST. 208B
MIAMI FL 33147
USC/O SCHALLOT C. SLADE
1170 N.W. 79TH ST. 208B
MIAMI FL 33147
US

868818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable5. 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

PAIGE, GRAF
1170 N.W. 79TH STREET
#208B
MIAMI FL 33147

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

Graf Paige**June 6, 2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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
DPT
PAIGE, WILLIAM G
1170 N.W. 70 ST., #208B
MIAMI FL 33147 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Felix Demmings VP/Dir
15720 NW 44 Court
Miami,
Florida 33056 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BROWN, KENDLEY
1170 N.W. 79 ST., #208B
MIAMI FL 33147 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SLADE, SCHALLOT C
1170 N.W. 79 ST., #208B
MIAMI FL 33147 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

WILLIAM G. PAIGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**June 6th, 2002**

Date

Daytime Phone #

CR2E037 (9/01)