

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

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90036 021 \*\*\*\*61.25

DOCUMENT # N93000002574  
1. Entity Name  
Florida Division of the International Association for Identification, Inc.

**DO NOT WRITE IN THIS SPACE**

**34946**

2. Principal Place of Business  
13280 SW 99 Street  
Suite, Apt. #, etc.

3. Mailing Address  
13280 SW 99 St  
Suite, Apt. #, etc.

City & State  
Miami FL  
Zip 33186 Country USA

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Miami FL  
Zip 33186 Country USA

4. FEI Number  
65-0434452  
Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Patricia A. Murphy  
Street Address (P.O. Box Number is Not Acceptable)  
13280 SW 99 Street  
City Miami FL Zip Code 33186

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 Patricia A. Murphy Patricia A. Murphy Secretary/Treasurer 4-22-02  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE <u>S-T</u>	<u>Secretary-Treasurer</u>
NAME	<u>Patricia A. Murphy</u>
STREET ADDRESS	<u>13280 SW 99 Street</u>
CITY-ST-ZIP	<u>Miami FL 33186</u>
TITLE	<u>D</u>
NAME	<u>Donna Birks</u>
STREET ADDRESS	<u>1345 28 Street</u>
CITY-ST-ZIP	<u>Sanford, FL 32773</u>
TITLE	<u>D</u>
NAME	<u>Daneale Gomer</u>
STREET ADDRESS	<u>700 NE 124 Street</u>
CITY-ST-ZIP	<u>N. Miami, FL 33161</u>
TITLE	<u>D</u>
NAME	<u>Michelle Sherwood</u>
STREET ADDRESS	<u>4801 145 Ave. North</u>
CITY-ST-ZIP	<u>Clearwater, FL 33762</u>
TITLE	<u>VP</u>
NAME	<u>Carl Haemmerle</u>
STREET ADDRESS	<u>201 SE 6 St, N wing # 1799</u>
CITY-ST-ZIP	<u>Ft. Lauderdale, FL 33301</u>
TITLE	<u>P</u>
NAME	<u>Harold Ruslander</u>
STREET ADDRESS	<u>2198 49 Way North</u>
CITY-ST-ZIP	<u>West Palm Beach, FL 33417</u>

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Patricia A. Murphy Patricia A. Murphy 4-22-02 305-471-2014  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/01)