

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005032

1. Entity Name

VISION TO VICTORY HUMAN SERVICES CORPORATION

Principal Place of Business

Mailing Address

8400 N.E. 2ND AVE.
MIAMI FL 33138
US

P.O. BOX 381726
MIAMI FL 33238-1726
US

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

65-0449670

Applied For

Not Applicable

5. 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

BRYANT, MAE D
8400 N.E. 2ND AVE.
C/O NEW BIRTH BAPTIST CHURCH
MIAMI FL 33138

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

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 C
NAME JONES, ROSA DR
STREET ADDRESS 17000 NW 67TH AVENUE #210
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D
NAME RUTLEDGE, PIERRE
STREET ADDRESS 798 NW 55TH STREET
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

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

TITLE D
NAME DAWSEY, ANTHONY
STREET ADDRESS 8021 NE 7TH AVENUE
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

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

TITLE D
NAME PRICE, JOSEPH
STREET ADDRESS 13223 SW 111TH TERRACE #4
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE D
NAME IVORY, WILLIE
STREET ADDRESS 13001 NW 17TH COURT
CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Anthony Dawsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/02

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)