

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2003 8:00 am
Secretary of State

06-24-2003 90011 008 ****70.00

DOCUMENT # N94000000453

1. Entity Name
MAINSTREAMING PLUS, INC.



Principal Place of Business
**4804 NW 167 STREET
HIALEAH FL 33014
US**

Mailing Address
**4804 NW 167 STREET
HIALEAH FL 33014
US**

30140646



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0465829**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEE, DICK ESQ
2701 S. BAYSHORE DRIVE., STE 605
COCONUT GROVE FL 33133**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD
BREWSTER, ANNABEL** ☐ Delete
STREET ADDRESS **17251 S.W. 12TH STREET**
CITY-STATE-ZIP **PEMBROKE PINES FL 33029**

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

TITLE
NAME **S
AGHINA, HENRY** ☐ Delete
STREET ADDRESS **9625 N.W. 148TH PLACE**
CITY-STATE-ZIP **MIAMI FL 33196**

TITLE
NAME **SD** ☒ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME **CD
NWADIKE, EMMANUEL** ☐ Delete
STREET ADDRESS **12938 S.W. 133RD COURT**
CITY-STATE-ZIP **MIAMI FL 33186**

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

TITLE
NAME **D
GIBSON, SHIRLEY** ☐ Delete
STREET ADDRESS **251 N.W. 198TH STREET**
CITY-STATE-ZIP **MIAMI FL 33169**

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

TITLE
NAME **D
YAP, GEORGE** ☐ Delete
STREET ADDRESS **2450 N.W. 78TH STREET**
CITY-STATE-ZIP **MIAMI FL 33147**

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

TITLE
NAME **ED
TANG, VENHAN** ☐ Delete
STREET ADDRESS **8401 S.W. 107TH AVENUE**
CITY-STATE-ZIP **MIAMI FL 33173**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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:

ANNABEL BREWSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/29/03 (786) 457-3991

CR2E037 (10/02)