

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000000198

1. Entity Name

New Graf paige and Associates, Inc.

**FILED****May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90025 010 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7711 N.W. 13th Court  
Miami, Florida 33147

same

2. Principal Place of Business

7711 N.W. 13th Court

3. Mailing Address

same

Suite, Apt. #, etc.

same

Suite, Apt. #, etc.

City &amp; State

Miami, Florida 33147

City &amp; State

same

Zip

33147

Country

Miami-Dade

Zip

33147

Country

same

4. FEI Number

Does not apply

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Graf Paige  
7711 N.W. 13th Court  
Miami, Florida 33147

7. Name and Address of New Registered Agent

Name

same

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 date, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Graf Paige Pres/Treasure <input type="checkbox"/> Delete 7711 N.W. 13th Court Miami, Florida 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kendley Brown V.P. <input type="checkbox"/> Delete 7711 N.W. 13th Court Miami, Florida 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schallot C. Slade Corp. Sec. <input type="checkbox"/> Delete 7711 N.W. 13th Court, Miami, Florida 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition none
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition none
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition none
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)