

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90035 024 ****61.25

DOCUMENT # N95000001172

1. Entity Name

PROJECT IMPACT OF SOUTH DADE, INC. ✓

Principal Place of Business

1238 N.W. 9TH AVENUE
 FLORIDA CITY FL 33034

Mailing Address

1238 N.W. 9TH AVENUE
 FLORIDA CITY FL 33034

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

65-0575160

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, VERNITA C
 9970 N.W. 51ST LANE
 MIAMI FL 33178

7. Name and Address of New Registered Agent

Name **LEON FRANCIS**
 Street Address (P.O. Box Number is Not Acceptable)
100 NE 15th ST #204
HOMESTEAD
 City **HOMESTEAD** FL Zip Code **33030**

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

Francis

7/17/00

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

or **September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD RUSSELL, KENNETH L STREET ADDRESS 25601 SW 133 CT. CITY-ST-ZIP NARANJA FL 33032	<input type="checkbox"/> Delete	TITLE NAME VD ADDERLEY, CHERRIE STREET ADDRESS 15001 S.W. 2965T. CITY-ST-ZIP Leisure City, Fla. 33033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D KNOCKMAN, NEAL STREET ADDRESS 22320 SW 113 CT. CITY-ST-ZIP GOULDS FL 33170	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD HARRIS, RON STREET ADDRESS 460 SW 6 AVE. CITY-ST-ZIP FL. CITY FL 33034	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 empowered.

SIGNATURE:

Francis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/2000
 DATE

Daytime Phone #

CR2E037 (5/00)