

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90010 050 \*\*\*\*61.25

**DOCUMENT # N95000001172**

1. Entity Name

**PROJECT IMPACT OF SOUTH DADE, INC.**

*LA*

Principal Place of Business

Mailing Address

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

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCIS, LEON**  
 100 NE 15TH ST #204  
 HOMESTEAD FL 33030

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**  
**After September 12, 2001, 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **RUSSELL, KENNETH L**  
 STREET ADDRESS **25801 SW 133 CT.**  
 CITY-ST-ZIP **NARANJA FL 33032**

TITLE **PD**  Change  Addition  
 NAME **RON L. Harris**  
 STREET ADDRESS **18985 S.W. 296 ST**  
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D**  Delete  
 NAME **KNOCKMAN, NEAL**  
 STREET ADDRESS **22320 SW 113 CT.**  
 CITY-ST-ZIP **GOULDS FL 33170**

TITLE **D**  Change  Addition  
 NAME **Christine Kufon**  
 STREET ADDRESS **735 NW 9th Ave**  
 CITY-ST-ZIP **FL City FL 33034**

TITLE **VD**  Delete  
 NAME **CHERRIE, ADDERLEY**  
 STREET ADDRESS **15001 S.W. 296 ST**  
 CITY-ST-ZIP **LEISURE CITY FL 33032**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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: *RON L. Harris* 7/15/01 (305) 245-6505

CR2E037 (5/01)