

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90022 015 \*\*\*\*61.25

DOCUMENT # **N95000001172**

1. Entity Name

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

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

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**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, RON L</b>	
STREET ADDRESS	<b>18885 SW 296ST</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUSTON, CHRISTINE</b>	
STREET ADDRESS	<b>735 NW 9TH AVE</b>	
CITY-ST-ZIP	<b>FLORIDA CITY FL 33034</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CHERRIE, ADDERLEY</b>	
STREET ADDRESS	<b>15001 S.W. 296 ST</b>	
CITY-ST-ZIP	<b>LEISURE CITY FL 33032</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/02 (305) 245-6505**

Date

Daytime Phone #

CR2E037 (9/01)