

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90008 029 ****61.25

DOCUMENT # N95000004671

1. Entity Name
FELICIA'S HOUSE, INC.

Principal Place of Business Mailing Address
 295 N. BISCAYNE RIVER DR. 295 N. BISCAYNE RIVER DR.
 MIAMI FL 33169 MIAMI FL 33169

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 Applied For
65-0610592 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHIPPLE, FELICIA
 295 N. BISCAYNE RIVER DR.
 MIAMI FL 33169

7. Name and Address of New Registered Agent

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: *Felicia Whipple*
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 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	CEOC			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WHIPPLE, FELICIA	295 N. BISCAYNE RIVER DR.	NORTH MIAMI FL 33169						
	VSD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WHIPPLE, EMANUEL	295 N. BISCAYNE RIVER DR.	NORTH MIAMI FL 33169						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GIVENS-MYERS, W. MARY	5895 NW 12TH AVENUE	MIAMI FL 33127						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WHITE, ISABELLA	2110 NW 58TH STEET	MIAMI FL 33142						
	EOBA			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RODRIGUEZ, CLIFTON H	3146 NW 68 STREET	FT. LAUDERDALE FL 33142						
				<input type="checkbox"/> Delete					<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: *Felicia Whipple*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00
Date

Daytime Phone #

CR2E037 (5/00)