

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90014 013 \*\*\*\*\*70.00

0042833

**DOCUMENT # N95000004671**

1. Entity Name

**FELICIA'S HOUSE, INC.**

Principal Place of Business

Mailing Address

**295 N. BISCAYNE RIVER DR.  
 MIAMI FL 33169**

**295 N. BISCAYNE RIVER DR.  
 MIAMI FL 33169**

**80059138**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2110 N W 58th STREET**

3. Mailing Address

**2110 N W 58th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0610592**

Applied For

Not Applicable

Zip

**33142**

Country

**DADE**

Zip

**33142**

Country

**DADE**

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

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

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.

(NOT 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 **CEOC** ☐ Delete  
 NAME **WHIPPLE, FELICIA**  
 STREET ADDRESS **295 N. BISCAYNE RIVER DR.**  
 CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete  
 NAME **WHIPPLE, EMANUEL**  
 STREET ADDRESS **295 N. BISCAYNE RIVER DR.**  
 CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **GIVENS-MYERS, W. MARY**  
 STREET ADDRESS **5895 NW 12TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☒ Change ☐ Addition  
 NAME **GIVENS, WILLIE MARY**  
 STREET ADDRESS **1555 SW 109 AVE APT. 102**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **D** ☒ Delete  
 NAME **WHITE, ISABELLA**  
 STREET ADDRESS **2110 NW 58TH STEET**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **EOBA** ☒ Delete  
 NAME **RODRIGUEZ, CLIFTON H**  
 STREET ADDRESS **3146 NW 68 STREET**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33142**

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:

*Felicia Whipple*  
**FELICIA WHIPPLE** 5/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)