

5/27

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90492 017 \*\*\*\*70.00

**DOCUMENT # N95000004671**

1. Entity Name

**FELICIA'S HOUSE, INC.**

Principal Place of Business

**2110 NW 58TH STREET  
MIAMI FL 33142**

Mailing Address

**2110 NW 58TH STREET  
MIAMI FL 33142****38374**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0610592**

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

**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

(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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOC WHIPPLE, FELICIA 295 N. BISCAYNE RIVER DR. NORTH MIAMI FL 33169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOPHIA ROBINSON 15761 SW 102 COURT MIAMI FL 33157</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD WHIPPLE, EMANUEL 295 N. BISCAYNE RIVER DR. NORTH MIAMI FL 33169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TONYA VICKERS 15600 SW 103 COURT MIAMI, FL 33157</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIVENS, WILLIE M 1555 SW 109 AVE APT 102 PEMBROKE PINES FL 33025</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jacqueline Griffin 633 SW 2nd STREET Florida city, Fla 33034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITE, ISABELLA 2110 NW 58TH STREET MIAMI FL 33142</b> <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	<b>EOBA RODRIGUEZ, CLIFTON H 3146 NW 68 STREET FT. LAUDERDALE FL 33142</b> <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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

905-638-8833

Daytime Phone #

CP2E037 (9/01)