

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0610592

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

TITLE	CEOC	<input type="checkbox"/> Delete
NAME	WHIPPLE, FELICIA	
STREET ADDRESS	295 N. BISCAYNE RIVER DR.	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WHIPPLE, EMANUEL	
STREET ADDRESS	295 N. BISCAYNE RIVER DR.	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIVENS, WILLIE M	
STREET ADDRESS	1555 SW 109 AVE APT 102	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, ISABELLA	
STREET ADDRESS	2110 NW 58TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	EOBA	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, CLIFTON H	
STREET ADDRESS	3146 NW 68 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOPHIA ROBINSON	
STREET ADDRESS	15761 SW 102 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONYA VICKERS	
STREET ADDRESS	15600 SW 103 COURT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sacquette Griffin	
STREET ADDRESS	633 SW 2nd STREET	
CITY-ST-ZIP	Florida city, Fla 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowered.

SIGNATURE:

Felicia Whipple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
Date

305-638-8833
Daytime Phone #

CP2E037 (9/01)