2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000002873**

1. Entity Name

SIGNATURE:

FLORIDA INSTITUTE FOR PEACE EDUCATION AND RESEAR CH INC.



FILED

03-28-2003 90080 022 ****70.00

Mar 28, 2003 8:00 am Secretary of State

	ce of Business	Mailing	Address									
	LAS BLVD. 498		LAS OLAS BLVD. C									
FT. LAUDERD	ALE FL 33301	_FT-LAU	IDERDALE FL 33301	V ŘL	UN SUI	TE 205						
3800 IN	IVERRARY BLUD Suits	705 380	3800 INVERRARY BLUD SUITE 265				i (Aniciáe dio s	DIEL GERE ABIER BAIER ABIE	1 88 111 18 15	I II AAI 19 111 1	2265 101 (22)	
	Place of Business		3. Mailing Address 3800 INVERRARY BLUD					BILL OUR ODIN OBILL SOI				
	INVERRARY BLU			KHK	y is-	<u> </u>			,			
Suite, Apt.	. #, etc. E 205		Suite, Apt. #, etc. SUITE 205				CHECK HERE IF MAKING CHANGES					
City & Stat						+	A FFI Month on A	NE ATAO 101		1 1	nation Fac	٦
LAUDER		, Au	City & State		F۷		4. FEI Number 65-0780461			pplied For	4	
Zip	Country	. Zip	1				······		4 6		ot Applicable	4
33319		333	319		intry S A		5. Certificate of S	tatus Desired		8.75 Ac		4 :
33011	6. Name and Address of Cu						7 Name and Add	iress of New Regis		•		┨
	· · · · · · · · · · · · · · · · · · ·	unent registeree	- Agont		Name	>	. Name and Add	areas or new riogs	noica Aç	joint		1
IOHNEO	N, CLARICE P	- تعلمي بايد چي نيد البيد البيد	وهراستان متمضي		·							1
	•			Street Address (P.			O. Box Number is	Not Acceptable)	~ .			
	.W. 16TH STREET						• ;					1
PEMDNU	OKE PINES FL 33029			•		ý.						
67					- City	•			FL	Zip Co	de	1
engin jarah	n'ay 1				<u> </u>	-				<u> </u>		4
	named entity submits this statentions of registered agent	nent for the purpo	se of changing its	registere	ed office or	registere	d agent, or both, in	the State of Florida	. I am fai	miliar with	, and accept	ı
tile congai	ions or registered agents	\mathcal{X}	•									
A. 1	Mariant	4	~./					. 1/	10/0	3		
SIGNATURE .	Signature, typed or printed name of registere	ad agent and title if applic	able (NOTE	Registere	d Agent signat	ure required s	when reinstating)	3/	DATE			
<u> </u>	1.						,,					4
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	FILE NOW: FEE IS \$61.25	5	9. Election Cam Trust Fund Co	. •	_		\$5.00 May Be			Payable		
			nastrana Ci	on in but	O11.	_	Added to Fees	Florida [Jepar m	nent of	State	1
10.	OFFICERS A	NID DIRECTORS		11.		۸	DOITIONS (CHANG	<u>l</u> iES TO OFFICERS A	NID DIDE	CTODS II	J 10	+
TITLE	P Next.	ND DIFFECTORIS	П 6-1	TITLE			SURER	ILS TO OTT ICE 13 P		_	Addition	16
NAME	JOHNSON, CLARICE P		☐ Delete			TRA	CEY ROBI	NSON	1	Change		8
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS		SISE, FL 33					5
CHY-SI-ZIP	HOLLYWOOD FL 33029			Call	-ST-ZIP		CTOR					إز
TITLE	D COURTE MADA		Delete	TITLE		DIKE	TONIA COPY	SaN	[Change	Addition	1
NAME	SCHIFF, MARA			NAM		630	HONY GOLL	T #1-104				
STREET ADDRESS	532 HENDRICKS ISLE				ET ADDRESS	MIA	MI, FL 33	169			·	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1		CITY	-ST-ZIP						•]
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CITY-ST-ZIP	LAUDERHILL FL 33319			CITY	-ST-ZIP	F7.4	-MUUE KONL	E, FL 33317	_			
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NAME	SCHMIDT, FRAN			NAM	E .						_	
STREET ADDRESS	221 PALM AVE				ET ADDRESS							1
CITY-ST-ZIP	MIAMI BEACH FL 33139		_	CITY	-ST-ZIP							ļ
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NAME	WASHINGTON, CHARLES		THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	NAM					L	onange	Addition	1
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STREET ADDRESS				0700	DDC I							1
CITY-ST-ZIP	221 PALM AVE MIAMI BEACH FL 33139				ET ADDRESS -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 expowered.

3/10/03

954-447-7460