

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90060 012 ****61.25

DOCUMENT # N96000004178

1. Entity Name

MARTIN MEMORIAL SOCIAL SERVICE, INC.

Principal Place of Business

Mailing Address

**14700 LINCOLN BLVD.
 MIAMI FL 33176**

**14700 LINCOLN BLVD.
 MIAMI FL 33176**

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

65-0849739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EWING, PEARCE
 14700 LINCOLN BLVD.
 MIAMI FL 33176**

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	CD	<input type="checkbox"/> Delete
NAME	EWING, PEARCE	
STREET ADDRESS	14700 LINCOLN BLVD.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	KINSEY, AL	
STREET ADDRESS	11301 SW 156 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALBURY, JUANITA	
STREET ADDRESS	14920 LOUIS STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLEY, CLIFFORD	
STREET ADDRESS	15920 SW 102 AVE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLIARD, INEZ	
STREET ADDRESS	10960 SW 177ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETHEL, KENNETH	
STREET ADDRESS	11701 SW 208 STREET	
CITY-ST-ZIP	MIAMI FL 33177	

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		
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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: *[Signature]* **SIGNATURE REQUIRED**

01-30-02

CR2E037 (9/01)