

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91209 011 ****61.25

DOCUMENT # N97000007029

1. Entity Name

S.C. MATHIS FOUNDATION GROUP INC.

Principal Place of Business

Mailing Address

3520 NW 84 TERR
 HOUSE
 MIAMI FL 33147

3520 NW 84 TERR
 HOUSE
 MIAMI FL 33147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3520 NW 84 Terr

3. Mailing Address

3520 NW 84 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3520 NW 84 Terr House

House

City & State

City & State

Miami

Miami Fla

Zip

Country

33147

US

Zip

Country

33147

US

4. FEI Number

65-0781437

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

MARSHALL, MATHIS
 3520 NW 84 TERR
 HOUSE
 MIAMI FL 33147

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 *Mattie Marshall*

4/29/2002
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME **FD**
 STREET ADDRESS **MARSHALL, MATTIE R**
 CITY-ST-ZIP **3520 NW 84 TERR**
MIAMI FL 33147

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CARTER, KATHY V**
 CITY-ST-ZIP **3520 NW 84 TERR**
MIAMI FL 33147

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **JACKSON, KEDAR**
 CITY-ST-ZIP **3520 NW 84 TERR**
MIAMI FL 33147

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

TITLE ☐ Delete
 NAME **PCFO**
 STREET ADDRESS **WARNER-BENSON, DOROTHY**
 CITY-ST-ZIP **3520 NW 84 TERR**
MIAMI FL 33147

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **MARSHALL, DARRYL**
 CITY-ST-ZIP **3520 NW 84 TERR**
MIAMI FL 33147

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MORROW, SYLVIA S**
 CITY-ST-ZIP **3520 NW 84 TERR**
MIAMI FL 33147

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: *Mattie Marshall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/2002 305691-0611

CR2E037 (9/01)