

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90042 018 \*\*\*\*61.25

**DOCUMENT # N98000001479**

1. Entity Name  
**AGES FOUNDATION, INC.**

Principal Place of Business <b>CORAL REEF SR. HIGH          10101 SW 152ND STREET          MIAMI FL 33157</b>	Mailing Address <b>CORAL REEF SR. HIGH          10101 SW 152ND STREET          MIAMI FL 33157</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Coral Reef Sr. High</b>	3. Mailing Address <b>Coral Reef Sr. High</b>
Suite, Apt. #, etc. <b>10101 S.W. 152nd St.</b>	Suite, Apt. #, etc. <b>10101 S.W. 152nd St.</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>33157</b>	Country <b>USA</b>	Zip <b>33157</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SHARPE, LEON E  
 4770 BISCAYNE BLVD  
 SUITE 970  
 MIAMI FL 33137**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD            GONZALEZ, JILL            17615 SW 80 COURT            MIAMI FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD            GARCIA, CARMEN            12952 SW 49 ST.            MIAMI FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD            MACNAUGHTON, ALBERT            10101 SW 152 ST.            MIAMI FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President            Janie Watkins            8600 S.W. 212th St            Miami, FL 33189</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President            Same</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer            Christina Jacobs            8930 S.W. 192nd Dr            Miami, FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Recording Secretary            Lela Osgar            10941 S.W. 143 Terr            Miami, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Corresponding Sec            Debbie Schott            9791 S.W. 133rd St            Miami, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Historian            Joey K. Watkins            8600 S.W. 212th St. #111            Miami, FL 33189</b>

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: *Christina Jacobs* **4/23/01 (305) 341-5533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)