

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90160 049 ****61.25

DOCUMENT # N98000001479

1. Entity Name

AGES FOUNDATION, INC.

Principal Place of Business

Mailing Address

**CORAL REEF SR. HIGH
 10101 SW 152ND STREET
 MIAMI FL 33157**

**CORAL REEF SR. HIGH C/O A. MCNAUGHTON
 10101 SW 152ND STREET
 MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHARPE, LEON E
 770 BISCAYNE BLVD
 SUITE 970
 MIAMI FL 33137**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD WATKINS, JANIE 8600 SW 21TH ST MIAMI FL 33189	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, CARMEN 12952 SW 49 ST MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBS, CHRISTINA 8930 SW 192ND DR MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS OSGHAN, DEBBIE 10941 SW 143RD TERR MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SCHOFF, DEBBIE 9791 SW 133RD TERR MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H WATKINS, JOEY K 8600 SW 212TH ST #111 MIAMI FL 33189	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robb, Toni 7820 S.W. 103rd Pl Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Osahar, Mwai 10941 S.W. 143rd Terr. Miami, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Osahar, Lela 10941 S.W. 143rd Terr. Miami, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H Jacobs, Jessica 8930 S.W. 192nd Dr Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Christina Jacobs** 4/28/02 (305) 341-5533

CR2E037 (9/01)