


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

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

5

05-07-2003 90163 008 \*\*\*\*61.25

**DOCUMENT # N98000001479**  
1. Entity Name  
**AGES FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**CORAL REEF SR. HIGH**      **CORAL REEF SR. HIGH C/O A. MCNAUGHTON**  
**10101 SW 152ND STREET**      **10101 SW 152ND STREET**  
**MIAMI FL 33157**      **MIAMI FL 33157**

**JJU4JU40**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**      Applied For Not Applicable  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>ROBB, TONI</b> <b>7820 SW 103RD PL</b> <b>MIAMI FL 33173</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO</b> <b>OSAHAR, MWAI</b> <b>10941 SW 143RD TERR.</b> <b>MIAMI FL 33178</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JACOBS, CHRISTINA</b> <b>8930 SW 192ND DR</b> <b>MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS</b> <b>OSAHAR, LELA</b> <b>10941 SW 143RD TERR</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>H</b> <b>JACOBS, JESSICA</b> <b>8930 SW 192ND DR.</b> <b>MIAMI FL 33157</b>	<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	<b>President</b> <b>Robb, Toni</b> <b>8110 S.W. 103rd St.</b> <b>Miami, FL 33173</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Belliveau, Kenya</b> <b>18841 Stealing Dr</b> <b>Miami, FL 33157</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>JACOBS, CHRISTINA</b> <b>8930 S.W. 192nd Dr</b> <b>Miami, FL 33157</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Recording Secretary</b> <b>Young, Patricia</b> <b>14260 Graves Dr.</b> <b>Miami, FL 33176</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Historian</b> <b>JACOBS, JESSICA</b> <b>8930 S.W. 192nd Dr</b> <b>Miami, FL 33157</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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)(t), 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**      5-1-03 (305) 341-5533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)