


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

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 003 ****70.00

DOCUMENT # N98000001751	
1. Entity Name Arianism Agency Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 741 NE 177th Street Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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40020224

DO NOT WRITE IN THIS SPACE

City & State Miami FL	City & State
Zip 33162	Country

4. FEI Number 65-0844031	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Arianism Home Inc.	
Street Address (P.O. Box Number is Not Acceptable) 741 NE 177th Street	
City Miami	FL Zip Code 33162

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 **Cynthia A. Lee** DATE **02-17-07**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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	Chairman, President Cynthia Ann Lee 741 NE 177th Street Miami, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Chairman Deborah Mullins 47 Ave. Miami, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Chairman Jackson 85th Street Miami, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Chairman Mullins 77th Street Miami, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: **Cynthia A. Lee** **02-17-07 786 597 0786**

CR2E037B (12/02)