

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005703

1. Entity Name  
FAMILY WAYS, INC.

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90003 026 \*\*\*\*70.00

Principal Place of Business  
~~12501 NORTHEAST 9TH AVENUE~~  
~~SUITE 103~~  
~~NORTH MIAMI FL 33161~~

Mailing Address  
P.O. BOX 530128  
MIAMI FL 33153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9719 NE 2nd AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
SAME AS ABOVE P.O. BOX  
Suite, Apt. #, etc.

City & State  
MIAMI SHORES  
Zip  
33138  
Country  
MIAMI-DADE

City & State  
Zip  
Country

4. FEI Number 65-0867939  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

## 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 *Raymond Estime*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTIME, LISA 12501 NORTHEAST 9TH AVENUE NORTH MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMPAGNE, SABINE 12501 NORTHEAST 9TH AVENUE NORTH MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESTIME, RAYMOND 12501 NORTHEAST 9TH AVENUE NORTH MIAMI FL 33161	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond Estime*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-2000 305-757-6888  
Date Daytime Phone #

CR2E034 (5/00)