

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N98000005703**

1. Entity Name

FAMILY WAYS, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90099 033 ***158.75

Principal Place of Business

Mailing Address

**9719 NE 2ND AVE
MIAMI FL 33138****PO BOX 530128
MIAMI FL 33153****723332**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTIME, LISA	NAME	ESTIME LISA
STREET ADDRESS	12501 NORTHEAST 9TH AVENUE	STREET ADDRESS	P.O. BOX 530128
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	MIAMI, FL 33153
TITLE	SD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPAGNE, SABINE	NAME	CHAMPAGNE SABINE
STREET ADDRESS	12501 NORTHEAST 9TH AVENUE	STREET ADDRESS	P.O. BOX 530128
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	MIAMI, FL 33153
TITLE	TD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTIME, RAYMOND	NAME	RAYMOND ESTIME
STREET ADDRESS	12501 NORTHEAST 9TH AVENUE	STREET ADDRESS	P.O. BOX 530128
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	MIAMI, FL 33153
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

2-26-2001

Date

305-757-6888

Daytime Phone #

CR2E034 (10/00)