2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 13, 2001 8:00 am Secretary of State DOCUMENT # **N98000007292** 1. Entity Name 09-13-2001 90010 006 ****61.25 WATSON'S FOUNDATION, INC. Principal Place of Business Mailing Address 16183 S.W. 108TH AVE. 16183 S.W. 108TH AVE. **LUUFFUUJ**J MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0881640 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATSON, ANGEL Street Address (P.O. Box Number is Not Acceptable) 16183 S.W. 108TH AVE. **MIAMI FL 33157** 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SICRETARY Member FW TRANCINE WILLIAMS TITLE Delete TITLE WATSON, DOROTHY NAME NAME 11602 NE 12th AVE STREET ADDRESS 16183 S.W. 108TH AVE. STREET ADDRESS **CR2E037** CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP N. MIA , FL 33161 Chinical Member of Derrick Ferguson 22210 SW 1881 TITLE ☐ Delete TITLE **Z**-Addition ☐ Change NAME BETHUNE, YOLANDA NAME STREET ADDRESS 2445 N.W. 62ND ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 MIAMY FIA 33190 CITY-ST-ZIP TITLE Member ☐ Delete TITLE Change Addition PEARSON, POLLY Jacinth JosEPh NAME NAME 10340 S.W. 178 Street STREET ADDRESS 2373 N.W. 66TH ST. STREET ADDRESS Minni, Fla 33157 CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

305

222-7805