# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 28, 2002 8:00 am**
**Secretary of State**
04-24-2002 90369 003 ****70.00

DOCUMENT # N98000007292

1. Entity Name

WATSON'S FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 16183 S.W. 108TH AVE.<br>MIAMI FL 33157 | 16183 S.W. 108TH AVE.<br>MIAMI FL 33157 |

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 65-0881640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, ANGEL
16183 S.W. 108TH AVE.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name Joseph Watson

Street Address (P.O. Box Number is Not Acceptable) 16183 SW 108 AVE

City Miami FL Zip Code 33157

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 Joe Watson 5/17/02

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WATSON, DOROTHY<br>16183 S.W. 108TH AVE.<br>MIAMI FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BETHUNE, YOLANDA<br>2445 N.W. 62ND ST.<br>MIAMI FL 33147 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PEARSON, POLLY<br>2373 N.W. 66TH ST.<br>MIAMI FL 33147 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WILLIAMS, FRANCINE<br>11602 NE 12TH AVENUE<br>NORTH MIAMI FL 33161 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MDF<br>FERGUSON, DERRICK<br>22210 SE PL<br>MIAMI FL 33190 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>JOSPEH, JACINTH<br>10340 SW 198 STREET<br>MIAMI FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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.

SIGNATURE: Dorothy R. Watson 4/11/02 305 233-7805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #