

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90107 049 \*\*\*\*70.00

**DOCUMENT #** N99000000110

**1. Entity Name** Development,  
 Tree of Life Out Reach, INC.

**Principal Place of Business** 17524 NW 48 PLACE  
 MIAMI, Florida 33055

**Mailing Address** 17524 NW 48 PLACE  
 MIAMI, Florida 33055

**A0062352**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 31-1630181		<b>Applied For</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
Linnette H. Minus 2837 W. Bahama Drive MIAMI, FL 33023				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				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** Linnette H. Minus  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to:</b> <b>Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	PD Willie Coley	17524 NW 48 PLACE	MIAMI, Florida				
	SD Linnette H. Minus	2837 W. Bahama Drive	MIAMI, Florida 33023				
	TD Irene Coley	17524 NW 48 PL.	MIAMI, FL 33055				

**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:** Willie Coley  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/01**  
 Date

**305-624-4808**  
 Daytime Phone

CR2E037 (11/00)