

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90263 001 ***122.50

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1. Entity Name

PI NU INCORPORATED



Principal Place of Business

**PO BOX 570507
MIAMI FL 33157-0507**

Mailing Address

**PO BOX 570507
MIAMI FL 33157-0507**

55002417



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0902300**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HANKERSON, CHARLES
16325 SW 89TH COURT
MIAMI FL 33157**

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. I am familiar with, and accept the obligations of registered agent.

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ANDREW, ALBURY**
STREET ADDRESS **11341 SW 155TH TERR.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **THOMAS, ROOSEVELT**
STREET ADDRESS **11300 SW 131 AVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☐ Delete
NAME **CARPENTER, WILLIE**
STREET ADDRESS **10965 S.W. 175TH ST.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete
NAME **COLEMAN, ROY**
STREET ADDRESS **3525 NW 82ND ST.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **DENNIS, MELVIN C**
STREET ADDRESS **16810 SW 108TH CT.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SD** ☐ Delete
NAME **HANKERSON, CHARLES**
STREET ADDRESS **16325 SW 89TH CT.**
CITY-ST-ZIP **MIAMI FL 33157**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **JOHNSON, ROBERT B.**
STREET ADDRESS **25837 SW 132ND CT.**
CITY-ST-ZIP **MIAMI, FL 33032**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **LAWRENCE, CURTIS**
STREET ADDRESS **17451 SW 109TH AVE.**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **ANTHONY J. SPENCE**

1/10/03

305-378-7113

CR2E037 (10/02)