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

DOCUMENT # N9900001538

1. Entity Name

PLNU INCORPORATED



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

01-23-2003 90263 001 ***122.50

11110 1110	OTH OTHER										
PO BOX 570507 F		PO BO	Mailing Address PO BOX 570507 MIAMI FL 33157-0507			55002417					
2. Principal Place of Business 3.			Mailing Address				i i i i i i i i i i i i i i i i i i i				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	le	С	City & State				4. FEI Number 65	-0902300 .	_		oplied For
Zip	Zip Country		Zip Co				5. Certificate of Status Desired S8.75 Additional Fee Required			titional	
6. Name and Address of Cui		Current Register	ent Pagistered Agent				7. Name and Address of New Registered Agent				<u> </u>
	o. Hallo Ella Addicad ol	Carrett Hegister	ou Agent		Name		T. Hallo dire rida	000 011101110	<u>g.0.0.00 r.</u>	90:11	
HANKERSON, CHARLES 16325 SW 89TH COURT					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33157										
3				City		-		FL	Zip Cod	е	
	named entity submits this statitions of registered agent.	tement for the purp	oose of changing its	registere	ed office or r	registere	ed agent, or both, in t	the State of Flor	ida. I am fa	miliar with,	and accept
•											
SIGNATURE	Signature, typed or printed name of regis	tared appet and title if an	alianda (AIOT	- Domintoro	d Assat signatur		when reinstating)		DATE		
	Signature, typed or printed harrie or regis	ap a mail of the map	plicable. (NOTE	Hagistere	u Agent signatur	e reduited	when reinstaling)				
FILE MUNY, FEE 12 201 20				npaign Financing contribution.			\$5.00 May Be Added to Fees			Payable nent of S	
10.	OFFICERS	AND DIRECTORS		11.			DDITIONS/CHANGE	S TO OFFICER	S AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW, ALBURY 11341 SW 155TH TERR.		▼ Delete	1	F	2583	NSON, ROBER 37 SW 132ND MT, FL 330	OCT.		Change Change	☐ Addition
	MIAMI FL 33157		- Delete	TITLE		FULA	(M4, FL 331			Change	Addition
TITLE NAME	THOMAS, ROOSEVELT		Defete	NAMI						Unange	[] Mudition
STREET ADDRESS CITY-ST-ZIP	11300 SW 131 AVE MIAMI FL 33186	٠٠٠٠ سـ	يوجها المراجعين سن		ET ADDRESS -ST-ZIP	·	ساء بروسم مسب منسب	2 1	- 		
TITLE	TD		Delete	TITLE						☐ Change	Addition
NAME	CARPENTER, WILLIE			NAM	E						
STREET ADDRESS	10965 S.W. 175TH ST.				ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33157			CITY	-ST-ZIP		 -				
TITLE	D COLEMAN BOY		Delete	TITLE	-	D	RENCE, CURT	7. 9		Change	☐ Addition
NAME STREET ADDRESS	COLEMAN, ROY 3525 NW 82ND ST.			NAMI	ET ADDRESS	1745	I SW 109TH	AVE,			
CITY-ST-ZIP	MIAMI FL 33157				-ST-ZIP		MI, FL 33 19				ĺ
TITLE	D		☐ Delete	TITLE					<u>-</u>	☐ Change	Addition
NAME	DENNIS, MELVIN C			NAM							
STREET ADDRESS	16810 SW 108TH CT.			STRE	ET ADDRESS						ļ
CITY-ST-ZIP	MIAMI FL 33176			CITY-	-ST-ZIP						
TITLE	SD		☐ Delete	TITLE	·		· · · · · ·			☐ Change	☐ Addition
NAME	HANKERSON, CHARLES			NAME							
STREET ADDRESS CITY-ST-ZIP	16325 SW 89TH CT. MIAMI FL 33157				ET ADDRESS -ST-ZIP						(
	<u>'</u>	aliad with this files	does not qualify for			d in Co.	ntion 119 07/9\/i\ Ela	rida Statutas 14	urther cost	futhat that	formation
rer inetena (certify that the information supp	JREO WILL THS HING	i aces not quality for	trie exel	inpuon state	വ ന 560	ぶいローロッ.U/(さ)(I), FIO	nua statutes. H	urther cefti	ıy ırıaı ine ir	normation {

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:

LINGUADURE ARALINGER PENCE

1 10 03

305-378-7113