

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005838**

1. Entity Name

TOTAL POTENTIAL, INC.

Principal Place of Business

**8900 SW 107TH AVE STE 302
MIAMI FL 33176-1451**

Mailing Address

**8900 SW 107TH AVE STE 302
MIAMI FL 33176-1451**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**WILLIAMS, DOUGLAS B
8900 SW 107TH AVE STE 302
MIAMI FL 33176-1451**

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.

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
After September 12, 2001, min. will be \$236.25**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOUGLAS B	
STREET ADDRESS	8900 SW 107TH AVE STE 302	
CITY-ST-ZIP	MIAMI FL 33176-1451	

TITLE	DV	<input type="checkbox"/> Delete
NAME	JEZEQUEL, KEVIN	
STREET ADDRESS	7600 SW 151ST TERR.	
CITY-ST-ZIP	MIAMI FL 33158	

TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, VICKIE	
STREET ADDRESS	14325 SW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33158	

TITLE	DT	<input type="checkbox"/> Delete
NAME	ROBLEDO, MARK	
STREET ADDRESS	385 NW 153RD AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED**FILED**
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90051 005 ****61.25

00076057

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0952998** ☐ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

0008206

CR2E037 (5/01)