

2000 UNIFORM BUSINESS REPORT (UBR)

99/5/00-90029-010-\$61.25-\$61.25

DOCUMENT # N99000005864

1. Entity Name

PROJECT REMNANT, INC.

Principal Place of Business

10731 SW 152ND ST.
MIAMI FL 33157

Mailing Address

10731 SW 152ND ST.
MIAMI FL 33157

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0952762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BERRY, ROSALYN H
10731 SW 152ND ST.
MIAMI FL 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

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 13, 2000 min. will be \$238.25

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 **D** Director ☐ Delete
NAME Rosalyn Berry
STREET ADDRESS 10731 SW 152nd St.
CITY-ST-ZIP Miami, FL 33157

TITLE **T** Secretary ☐ Delete
NAME Vershawn Berry
STREET ADDRESS 10741 SW 152nd St.
CITY-ST-ZIP Miami, FL 33157

TITLE **T** Board Member ☐ Delete
NAME Janice Stephens
STREET ADDRESS 10455 SW 149th
CITY-ST-ZIP Miami, FL 33176

TITLE **T** Board Member ☐ Delete
NAME Josephine Hunter
STREET ADDRESS 14561 Fillmore St.
CITY-ST-ZIP Miami, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00 (305) 253-8593

Date

Daytime Phone #

CR2E037 (5/00)