

~~OR~~ **FOR PROFIT CORPORATION**  
~~OR~~ **INFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000005127**

1. Entity Name

*The Parish News, Inc.*

FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

02 FEB 22 PM 2:23

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*5250 SE Seaside Way*

Suite, Apt. #, etc.

*Suite 103*

City & State

*Stuart, FL*

Zip

*34997*

Country

*USA*

3. Mailing Address

*650 NE 31<sup>st</sup> St*

Suite, Apt. #, etc.

*Apt. C-18*

City & State

*Miami, FL*

Zip

*33137*

Country

*USA*

4. FEI Number

*65-0975499*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Barbara A. Pond*

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

*650 NE 31<sup>st</sup> St.*

*Apt. C-18*

City

*Miami*

FL

Zip Code  
*33137*

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

*B. Pond*

Signature, typed or printed name of registered agent and title if applicable.

Barbara A. Pond, CEO 2-7-02  
(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

*XO*

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*P/S  
Barbara W. Pond  
5250 SE Seaside Way Suite 103  
Stuart, FL 34997*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*600005050006--9  
-03/06/02-01043-010  
\*\*\*300.00 \*\*\*300.00*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*C/T  
Barbara A. Pond  
650 NE 31<sup>st</sup> St. Apt. C-18  
Miami, FL 33137*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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IN THIS SPACE**

TITLE  
NAME  
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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Pond*

*B. Pond*

2-7-02

*(303)  
571-0949*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EO34B\_1(2/01)



The Parish News, Inc.  
650 NE 31<sup>st</sup> St. C-18  
Miami, FL 33137  
(305) 571-0949



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February 9, 2002

Hello!

Attached, please find our UBR and \$300.

When I telephoned you a couple of weeks ago, the person who assisted me said that all we needed to do to reactivate our corporation was to send a UBR and \$300 since the UBR that was sent to us was returned to you as "undeliverable."

Thank you for reactivating our corporation and all of your help with this!

Barbara Pond  
CEO and Treasurer