

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077972

1. Entity Name
ST JUDAS PEACE & CARE, INC.Principal Place of Business
15135 NW 88TH CT.
MIAMI LAKES FL 33018Mailing Address
15135 NW 88TH CT.
MIAMI LAKES FL 330182. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. City & State
Zip Country5. FEI Number
65-1124961
Applied For
Not Applicable6. Name and Address of Current Registered Agent
Perez, Behar & Associates, PA
13935 NW 1ST AVE
MIAMI FL 331687. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code\$8.75 Additional
Fee Required

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BUZZI, ELIZABETH
14602 NW 87TH CT
MIAMI FL 33018 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BUZZI, FIDEL
14602 NW 87TH CT
MIAMI FL 33018 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Buzzi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

(305) 828-2003

Date

Daytime Phone #

CR2E034 (9/01)

2002
100-1000