

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0154769 AV

**DOCUMENT # P01000077972**

1. Entity Name  
**ST JUDAS PEACE & CARE, INC.**



Principal Place of Business  
**15135 NW 88TH CT.  
MIAMI LAKES FL 33018**

Mailing Address  
**15135 NW 88TH CT.  
MIAMI LAKES FL 33018**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1124961**

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

**PEREZ, BEHAR & ASSOCIATES, PA  
13935 NW 1ST AVE  
MIAMI FL 33168**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **VD** ☐ Delete  
NAME **BUZZI, FIDEL**  
STREET ADDRESS **14602 NW 87TH CT**  
CITY-ST-ZIP **MIAMI FL 33018**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

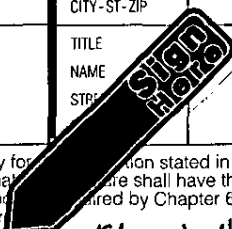
12. I hereby certify that the information supplied with this filing does not qualify for exemption from the provisions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the information 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empower

SIGNATURE:

*Elizabeth Buzzi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

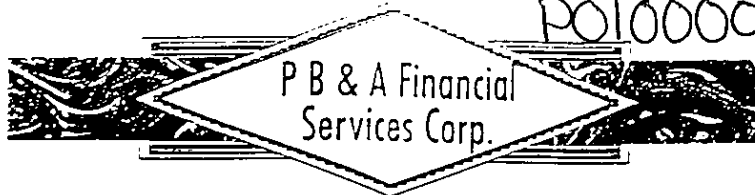
Daytime Phone #



CR2E034 (10/02)

Attachment # 80102047

PO1000077972



## FORM FILING INSTRUCTIONS

Client:

St. Judas Peace & Care, Inc.

Form Number:

UBB

Type of Tax:

Corporation Renewal



The attached form must be signed and dated.



Make check payable in the amount of

\$150<sup>00</sup>



Make check payable to

State of Fl. Div. of Corp.

Deposit check with federal deposit coupon by

Mark Period on coupon/check

Mark type of tax on coupon/check



Form must be mailed/postmarked on or before

4-30-03

Refund due

Distribute copy to employees / vendors

Other

If you have any questions, please feel free to contact us at any time.

Regards,

*Handwritten signature*