

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91528 048 \*\*\*150.00

**DOCUMENT # P01000083265**

1. Entity Name  
**THE FAMILY ENRICHMENT INSTITUTE INC.**

Principal Place of Business  
**14886 SW 132ND AVE.**  
**MIAMI FL 33186**

Mailing Address  
**14886 SW 132ND AVE.**  
**MIAMI FL 33186**

2. Principal Place of Business <b>9245 SW 157 St</b> Suite, Apt. #, etc. <b>206</b> City & State <b>Miami, FL</b> Zip <b>33157</b>	3. Mailing Address <b>9245 SW 157 St</b> Suite, Apt. #, etc. <b>206</b> City & State <b>Miami, FL</b> Zip <b>33157</b>
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4. FEI Number  
**30-0031543**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**PIERRE-LOUIS, NADINE**  
**14886 SW 132ND AVE.**  
**MIAMI FL 33186**

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 \_\_\_\_\_ (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 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	<b>D</b> <input type="checkbox"/> Delete <b>PIERRE-LOUIS, NADINE</b> <b>14886 SW 132ND AVE.</b> <b>MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WELLER, ANN-KAREN</b> <b>11915 SW 130 CT.</b> <b>MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>AZOR, JORGE E</b> <b>14886 SW 132ND AVE.</b> <b>MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **4/29/02 (586) 242-3909**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)