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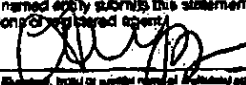
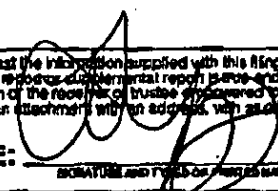
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FILED
Jun 19, 2003 8:00 am
Secretary of State

05-05-2003 90246 002 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

55049151

DOCUMENT # P02000067382			
1. Entity Name TURNER PHASE II, INC.			
Principal Place of Business 4928 S.W. 165TH AVE. MIAMI, FL 33027		Mailing Address 4928 S.W. 165TH AVE. MIAMI, FL 33027	
2. Principal Place of Business 4928 SW 165th Ave		3. Mailing Address 4928 SW 165th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
33027 USA		33027 USA	
4. FEI Number 03-0466158		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASHINGTON, LYNN C 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: <u>Tonya Turner</u> Street Address (P.O. Box Number if Not Applicable): <u>4928 SW 165th Ave</u> City: <u>Miami</u> FL <u>33027</u>	
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: 		DATE: <u>4-29-2003</u>	
9. Election Campaign Financing Trust Fund Contribution: ☐		\$8.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debon Turner, president ☐ Delete 4928 SW 165th Ave Miami, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tonya Turner, vice president ☐ Delete 4928 SW 165th Ave Miami, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of business property 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 officers empowered.			
SIGNATURE: 		DATE: <u>4-29-2003</u> (305) 609-3709	

** TOTAL PAGE.04 **