

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051629
 1. Entity Name
Funeral Referral Services Inc

FILED
 01 MAY 24 PM 1:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6555 NW 36st #114

2. Principal Place of Business 3. Mailing Address
6555 NW 36st #114

Suite, Apt. #, etc. City & State Zip Country
#114 Miami FL 33166

4. FEI Number Applied For
65-0836186 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Kennedy, Christopher

7. Name and Address of New Registered Agent
 Name Kennedy, Christopher
 Street Address (P.O. Box Number is Not Acceptable) 6555 NW 36st, #114
 City Miami FL Zip 33166

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 CKennedy DATE 4/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

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

18. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Kennedy, Delia</u>	
CITY-ST-ZIP	<u>6555 NW 36st #114 Miami FL 33166</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
CITY-ST-ZIP		
TITLE		
NAME		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 1200.00 **150.00

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 individual trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Delia Kennedy DATE 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0172E03 (11/00)

ATTN: ZABI

4/30/01 CORPORATE DETAIL RECORD SCREEN 4:41 PM
 NUM: P97000051629 ST:FL ACTIVE/FL PROFIT FLD: 06/09/1997
 FEI#: 65-0836186
 NAME : FUNERAL REFERRAL SERVICES, INC.
 PRINCIPAL: 6555 NW 36TH ST CHANGED: 03/29/00
 ADDRESS #114
 MIAMI, FL 33166 US
 RA NAME : KENNEDY, DELIA NAME CHG: 07/19/99
 RA ADDR : 6555 NW 36TH ST ADDR CHG: 07/19/99
 STE. 300-1
 MIAMI, FL 33166 US
 ANN REP : (1998) A 06/04/98 (1999) I 07/19/99 (2000) A 03/29/00

4/30/01 OFFICER/DIRECTOR DETAIL SCREEN 4:45 PM
 CORP NUMBER: P97000051629 CORP NAME: FUNERAL REFERRAL SERVICES, INC.
 TITLE: PSDT NAME: KENNEDY, DELIA
 6555 NW 36TH ST, STE. 300-1
 MIAMI, FL 33166

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----