

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000051629  
 1. Entity Name  
Funeral Referral Services Inc

Principal Place of Business Mailing Address  
6555 NW 36<sup>st</sup> #114

2. Principal Place of Business 6555 NW 36<sup>st</sup> 3. Mailing Address  
 Suite, Apt. #, etc. #114 Suite, Apt. #, etc.  
 City & State Miami FL 33166 City & State

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

4. FEI Number 65-0836186 Applied For  Not Applicable

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>600004324436</u><br><u>-05/29/01--01011--004</u><br><u>***1200.00 *****150.00</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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

CFR2003 (11/00)

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ATTN: ZABI

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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 -----