


2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 AM 11:35

DOCUMENT #
1. Entity Name *Funeral Referral Service Inc*
P97000051629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10211SW13st</i>		3. Mailing Address <i>10211SW13st</i>	
Suite, Apt. #, etc. <i>Miami FL 33174</i>		Suite, Apt. #, etc. <i>Miami Fla</i>	
City & State		City & State <i>33174</i>	
Zip <i>33174</i>	County <i>Risade</i>	Zip <i>33174</i>	County <i>Risade</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-083486* Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

3. Name and Address of Current Registered Agent

Name *Barbara Garcia*

Street Address (R.F.D. Number is Not Acceptable)
10211SW13st

Suite 217A

City *Miami* FL Zip Code *33165*

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]* (NOTE: Registered Agent signature required when re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	<i>PVST</i>	TITLE	
NAME	<i>Della Kennedy</i>	NAME	
STREET ADDRESS	<i>10211SW13st</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Miami, Florida 33174</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *4/29/03* *305 218-8018*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

5/6/03
ad