

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91348 045 ***558.75

DOCUMENT # P97000064115 ✓

1. Entity Name

Room To Grow Academy (NCLW)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2550 S.W. 124th Ave

Suite, Apt. #, etc.

3. Mailing Address

2550 S.W. 124th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davie, FL.

City & State

Davie, FL.

4. FEI Number

65-06951635

Applied For

Not Applicable

Zip

33325

Country

U.S.A.

Zip

33325

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Raymond M. Moses

Street Address (P.O. Box Number is Not Acceptable)

3651 S.W. 116th Ave.

City

Davie

FL

Zip Code

33330

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	Raymond M. Moses
STREET ADDRESS	3651 S.W. 116 th Ave.
CITY - ST - ZIP	Davie, FL. 33330
TITLE	Vice-President
NAME	Bridgette Moses
STREET ADDRESS	3651 S.W. 116 th Ave.
CITY - ST - ZIP	Davie, FL. 33330
TITLE	Secretary / Treasurer
NAME	Ramona Moses
STREET ADDRESS	3651 S.W. 116 th Ave.
CITY - ST - ZIP	Davie, FL. 33330
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ramona Moses

5/14/02

Date

Daytime Phone #

CR2E034B (12/01)