

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000015342**

1. Entity Name

**PACE:PEACE & AWARENESS THRU CULTURAL EDUCATION.****FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90025 032 \*\*\*150.00

Principal Place of Business

Mailing Address

6864 SW 114 PL  
SUITE G  
MIAMI FL 331736864 SW 114 PL  
SUITE G  
MIAMI FL 33173-1868

2. Principal Place of Business

10659 NE 11<sup>th</sup> CT.

3. Mailing Address

10659 NE 11<sup>th</sup> CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

FL

City &amp; State

MIAMI FL

4. FEI Number

65-0814773

Applied For

Not Applicable

Zip  
33138-2122

Country -

Zip  
33138-2122

Country

DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIGNAN, GENEVIEVE  
6864 SW 114 PL  
SUITE G  
MIAMI FL 33173

Name

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

City

FL

Zip Code

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)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
MAIGNAN, GENEVIEVE  
6864 SW 114TH PL STE. G  
MIAMI FL 33173 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
MAIGNAN, GENEVIEVE  
10659 NE 11<sup>th</sup> CT.  
MIAMI FL 33138-2122 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
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☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)