

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **9980000.15342**

1. Entity Name

PACE: ~~PEACE~~ PEACE & AWARENESS THRU CULTURAL EDUCATION, INC.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 PM 12: 28

Principal Place of Business **DADE COUNTY** Mailing Address**6864 S.W. 114 PL, Suite G / 6864 SW 114 PL.
Miami, FL 33173 #G Miami, FL 33173****A0070538**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DADE COUNTY, FL

3. Mailing Address

6864 S.W. 114 PL

Suite, Apt. #, etc.

6864 SW 114 PL #G

Suite, Apt. #, etc.

#G

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0814773

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GENEVIEVE MAIGNAN
6864 SW 114 PL, #G
Miami, FL 33173**

7. Name and Address of New Registered Agent

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 reappointing)

DATE

4/26/019. 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, 2001 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

TITLE **Executive Director** ☐ Delete
NAME **Genevieve MAIGNAN**
STREET ADDRESS **6864 SW 114 PL #G**
CITY-ST-ZIP **MIAMI, FL 3310873**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Michael Long Vice President** ☐ Change ☒ Addition
NAME **Michael Long**
STREET ADDRESS **6864 SW 114 PL #G**
CITY-ST-ZIP **MIAMI, FL 33173**TITLE **STEPHEN JOHNSON** ☐ Change ☒ Addition
NAME **6864 SW 114 PL #G**
STREET ADDRESS
CITY-ST-ZIPTITLE **SECRETARY / TREASURER** ☐ Change ☒ Addition
NAME **Stephen Johnson**
STREET ADDRESS **6864 SW 114 PL #G**
CITY-ST-ZIP **Miami, FL 33173**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SP**

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

GENEVIEVE MAIGNAN**4/26/01**

Date

305-274-0181

Daytime Phone #

CR2034 (1/1/00)