

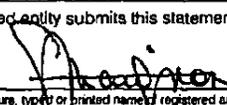
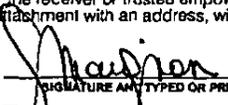
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 PM 12: 28

A0070538

DO NOT WRITE IN THIS SPACE

DOCUMENT # 9980000.15342					
1. Entity Name PACE: PEACE PEACE & AWARENESS THRU CULTURAL EDUCATION, INC.					
Principal Place of Business DADE COUNTY		Mailing Address 6864 S.W. 114 PL, Suite G MIAMI, FL 33173			
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	
Zip 33173		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$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 		(NOTE: Registered Agent signature required when reconstituting)		DATE 4/26/01	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$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	Executive Director Genevieve MAIGNAN 6864 SW 114 PL #G MIAMI, FL 33173		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Long Vice President Michael Long 6864 SW 114 PL #G MIAMI FL 33173
			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN JOHNSON 6864 SW 114 PL #G
			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER Stephen Johnson 6864 SW 114 PL #G MIAMI, FL 33173
			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: 		GENEVIEVE MAIGNAN		Date 4/26/01 305-274-0181 ext 2217	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E034 (1/1/00)