

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90634 024 ***150.00



DOCUMENT # P98000038045
 1. Entity Name
RIGHTEOUS PATH ENTERPRISES, INC.

Principal Place of Business: 9506 NW 7 TH AVE, MIAMI, FL 33150
 Mailing Address: 9506 NW 7 TH AVE, MIAMI, FL 33150

2. Principal Place of Business: **SAME AS ABOVE**
 3. Mailing Address: **AS ABOVE**

City & State: **MIAMI FL 33150**
 City & State: **MIAMI FL 33150**

Zip: **33150** Country: **USA**
 Zip: **33150** Country: **USA**

6. Name and Address of Current Registered Agent
SALVADOR, QUADRI AYO
 9506 NW 7 TH AVE
 MIAMI, FL 33150

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]* DATE: **04/09/2002**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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: D	SALVADOR, QUADRI AYO	TITLE:	
NAME:	9506 NW 7 TH AVE	NAME:	
STREET ADDRESS:	MIAMI, FL 33150	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: S	ABUBAKR, SALVADOR I	TITLE:	
NAME:	9506 NW 7 TH AVE	NAME:	
STREET ADDRESS:	MIAMI, FL 33150	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: T	SALVADOR, HADJEM FAYMA DIANA	TITLE:	
NAME:	9506 NW 7 TH AVE	NAME:	
STREET ADDRESS:	MIAMI, FL 33150	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: VP	SALVADOR, HABIDEEN WALE	TITLE:	
NAME:	9506 NW 7 TH AVE	NAME:	
STREET ADDRESS:	MIAMI, FL 33150	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* DATE: **04/24/2002** (305) 628-2754
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR