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

SIGNATURE:

## May 18, 2001 8:00 am Secretary of State DOCUMENT # P98000045671 FREEDOM CENTER, INC. 05-18-2001 91578 035 \*\*\*150.00 Principal Place of Business Mailing Address 518 S.W. 88TH PL E 518 S.W. 88TH PL. E vvvaade MIAMI FL 33174 **MIAMI FL 33174** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0819933 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRERO, RAQUEL DR. Street Address (P.O. Box Number is Not Acceptable) 518 SW 88TH PL E **MIAMI FL 33174** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 ---Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition MARRERO, RAQUEL DR. NAME NAME STREET ADDRESS 518 S.W. 88TH PL. E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** ☐ Delete ☐ Change ☐ Addition MARRERO, RAQUEL NAME STREET ADDRESS STREET ADDRESS 518 S.W. 88TH PL. E CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

518 SW 88th Place East Miami, Florida 33174 Affachments A0069865 H 09800004567/

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

(lentlement

Enclosed please find the filing fee for Freedom Center, Inc. and Freedom Center International, Inc., due as of May I 2001. I tried to pay through e-mail but got sidetracked along the way. Please accept two (2) checks of \$150 (one hundred and fifty dollars each) for the corresponding corporations.

I trust you will excuse this delay, as I was under the impression that I had made the payments and realized, upon coming back from vacation, that they had not gone through.

Sincerely,

Raquel Marrero, Ph.d. -- . \_\_.

Enclosures: 2 checks