

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90122 001 \*\*\*300.00

DOCUMENT # P98000094880

1. Entity Name

MCWHITE'S FUNERAL HOME, INC.



Principal Place of Business

3501 W BROWARD BLVD.  
FT. LAUDERDALE FL 33312

Mailing Address

3146 NW 68 STREET  
SUITE 1  
FT. LAUDERDALE FL 33309-1201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3544411

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RODRIGUEZ, CLIFTON H CPA  
3146 NW 68 STREET  
SUITE 1  
FT. LAUDERDALE FL 33309-1206

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO  
NAME MCWHITE, ALBERT R  
STREET ADDRESS 404 NW 21ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

TITLE CD  
NAME MCWHITE, ALBERT R  
STREET ADDRESS 404 NW 21ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

TITLE SD  
NAME WALKER, KAI I  
STREET ADDRESS 3501 W. BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☒ Delete

TITLE MD  
NAME MCWHITE, ROBERTA M  
STREET ADDRESS 436 NW 16TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

TITLE D  
NAME RODRIGUEZ, CLIFTON H  
STREET ADDRESS 3146 NW 68 STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33309-1206 ☐ Delete

TITLE D  
NAME MCWHITE, ALBERT R III  
STREET ADDRESS 404 NW 21ST AVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Corporate Secretary/Director  
NAME Dion L. Rivera-Martin  
STREET ADDRESS 1470 N.E. 123rd Street, Apt No. 807  
CITY-ST-ZIP North Miami, Florida 33161 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Board Advisor/Ex-officio member  
NAME CLIFTON H. RODRIGUEZ, CPA  
STREET ADDRESS 3146 NW 68 Street, Ste No. 1  
CITY-ST-ZIP Ft. Lauderdale, Florida 33309-1206 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ASR* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/03 (954) 584-0047

Date

Daytime Phone #

CR2E034 (10/02)