

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (BR)

FILED

03 SEP 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003850

1. Entity Name

FAMILIES OF MIAMI CORPORATION



Principal Place of Business

4401 NW 2 AVE
MIAMI FL 33127
US

Mailing Address

540 EAST DRIVE
NORTH MIAMI BEACH FL 33162
US

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

65-0892468

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

LOUIS, LUCNER JEAN
540 EAST DRIVE
NORTH MIAMI BEACH FL 33162

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LOUIS, LUCNER JEAN
STREET ADDRESS 540 EAST DRIVE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE PSTD ☒ Change ☐ Addition
NAME LOUIS, LUCNER JEAN
STREET ADDRESS 540 East Drive
CITY-ST-ZIP N Miami Beach, FL 33162

TITLE D ☒ Delete
NAME FADET, MORGENE
STREET ADDRESS 2164 N.W. 100TH STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Change ☐ Addition
NAME 200023452112
STREET ADDRESS 03/30/03--01049--028 **558.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/03

305-653-8315

Date

Daytime Phone #

CR2E034 (4/03)