

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99205

1. Entity Name

THE PEOPLE'S UNITED ORGANIZATION, INC.

W0100000096

FILED

07 JUN -7 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1825 NW 38TH AVE
LAUDERDALE FL 33319
US

Address
Change.

1825 NW 38TH AVE
LAUDERHILL FL 33311
US

Address
Change

2. Principal Place of Business

3. Mailing Address

1801 NW 38th Ave
Suite G.

1801 NW 38th Ave
Suite G.

City & State

City & State

Lauderhill FL

Lauderhill FL

Zip

Country

Zip

Country

33311

U.S.A.

33311

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, HAZELYN
3980 NW 46 AVE
LAUDERDALE LAKES FL 33319

Name Alton A Russell
Street Address (P.O. Box Number is Not Acceptable)
3980 NW 46 AVE
City Land Lks FL Zip Code 33319

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 Alton A Russell

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

(NOTE: Registered Agent signature required when reinstating)

1/15/09

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME RUSSELL, ALTON A
STREET ADDRESS 3980 N.W. 46TH AVENUE
CITY-ST-ZIP LAUDERDALE LAKES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000104264430 ☐ Change ☐ Addition
06/12/07--01033--001 **450.00

TITLE STD
NAME RUSSELL, HAZELYN
STREET ADDRESS 3980 NW 46 AVE
CITY-ST-ZIP LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000104264430 ☐ Change ☐ Addition
06/12/07--01033--002 **450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000104264430 ☐ Change ☐ Addition
06/12/07--01033--003 **450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000104264430 ☐ Change ☐ Addition
06/12/07--01033--004 **450.00

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:

Alton A Russell

12/31/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7 2007

CR2E034 (5/00)