

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000520

FILED
Mar 19, 2002 8:00 AM
Secretary of State

Entity Name: ALONZO MOURNING CHARITIES, INC.

Current Principal Place of Business:

3225 AVIATION AVENUE, SEVENTH FLOOR
COCONUT GROVE, FL 33133

New Principal Place of Business:

5835 BLUE LAGOON DRIVE
4TH FLOOR
MIAMI, FL 33126

Current Mailing Address:

3225 AVIATION AVENUE, SEVENTH FLOOR
COCONUT GROVE, FL 33133

New Mailing Address:

PO BOX 2226
ROCKVILLE, MD 20847

FEI Number: 65-1075983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMENESH, PETER Z
3225 AVIATION AVENUE, SEVENTH FLOOR
COCONUT GROVE, FL 33133

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOURNING, ALONZO
Address: 3225 AVIATION AVENUE, SEVENTH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD () Delete
Name: FURST, ALLEN
Address: 5515 SECURITY LANE, SUITE 1103
City-St-Zip: ROCKVILLE, MD 20852

Title: SD () Delete
Name: KAMENESH, PETER Z
Address: 3225 AVIATION AVENUE, SEVENTH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOURNING, ALONZO
Address: 5835 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: VPD (X) Change () Addition
Name: FURST, ALLEN
Address: PO BOX 2226
City-St-Zip: ROCKVILLE, MD 20847 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN FURST

VPD

03/19/2002

Electronic Signature of Signing Officer or Director

_____ Date