

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90048 044 \*\*\*\*70.00

**DOCUMENT # 713125**

1. Entity Name

**BAHAMIAN AMERICAN FEDERATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 370862  
 MIAMI FL 33137

P.O. BOX 370862  
 MIAMI FLA 33137-0862

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

**59-1803551**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSS, JAMES M.**  
**1357 N.W. 70TH ST.**  
**MIAMI FL 33137-7862**

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME              | STREET ADDRESS         | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|-------------------|------------------------|------------------------|---------------------------------|
| P     | MOSS, JAMES M     | 1357 NW 70TH ST        | MIAMI, FL 00000        | <input type="checkbox"/>        |
| D     | LUTHRE, SYMONETTE | 801 N.W. 3RD TERRACE   | HALLANDALE FL 33009    | <input type="checkbox"/>        |
| D     | DANIELS, WILLIAM  | 1301 EAST BROWARD BLVD | FT LAUDERDALE FL 33301 | <input type="checkbox"/>        |
| D     | FERGUSON, EDROY   | 3180 N.W. 157TH STREET | OPALOCK FL 33054       | <input type="checkbox"/>        |
| D     | MOSS, SHERRI      | 270 N.W. 81ST STREET   | MIAMI, FL 00000 33150  | <input type="checkbox"/>        |
| D     | TAYLOR, ALPHONSO  | 17320 N.W. 22ND AVE    | MIAMI FL 33056         | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 617, 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: JAMES M. MOSS, PRESIDENT 3/14/00 (305) 696-4374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)