

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90058 010 \*\*\*\*70.00

**DOCUMENT # 713125**

1. Entity Name

**BAHAMIAN AMERICAN FEDERATION, INC.**



Principal Place of Business

**P.O. BOX 370862  
MIAMI FL 33137**

Mailing Address

**P.O. BOX 370862  
MIAMI FL 33137**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to  
Florida 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 checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	WILLIAMS JANET MOSS	7401 NW 3rd AVENUE	MIAMI, FLORIDA 33150	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LOCKHART CECIL	2260 NW 103rd STREET	MIAMI, FLORIDA 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	TAYLOR ALPHONSO	17320 NW 22nd AVENUE	MIAMI, FLORIDA 33056	<input checked="" 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)(b), 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 to this report, with all other like empowered.

SIGNATURE: *[Signature]* **JAMES M. MOSS** 3-03-03 305-1896-4374

CR2E037 (10/02)