

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719834

1. Entity Name

BELAFONTE TACOLCY CENTER, INCORPORATED

Principal Place of Business

Mailing Address

6161 N.W. 9TH AVENUE
MIAMI FL 33127-1013

6161 N.W. 9TH AVENUE
MIAMI FL 33127-1013

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

59-1376077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, STANLEY JR.
6161 N.W. 9TH AVENUE
MIAMI FL 33127

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	JO JUDSON, CLYDE JR 2730 SW 3RD AVE, SUITE 302 MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JO NORTON, HARRY 13172 NW 18TH AVENUE PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, STANLEY 1444 BISCAYNE BLVD, SUITE 220 MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, ANTHONY 17111 NW 16TH AVE MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BAKER-BOUIE, SABRINA 6161 NW 9TH AVENUE MIAMI FL 33127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dana Moss 8523 NW 164th Street Miami, Florida 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Lyra Logan 15485 Eagle Nest Lane, Suite 200 Miami, Florida 33104	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tedd Garner 1381 SW 104th Avenue Pembroke Pines, Florida 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sabrina Baker-Bouie* SIGNATURE REQUIRED Sabrina Baker-Bouie 1/10/00 (305) 751-1295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90137 019 ****70.00

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DO NOT WRITE IN THIS SPACE