


6/21

06-20-2003 90027 039 ****61.25

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

DOCUMENT # N02000007283

1. Entity Name
INNER CITIES ECONOMIC DEVELOPMENT CORP.



Principal Place of Business
**7839 NORTH BAYSHORE DRIVE
 APT 1
 MIAMI FL 33138**

Mailing Address
**P.O. BOX 014980
 MIAMI FL 33101**

55050133

2. Principal Place of Business **DE #1**
7839 n. Bayshore

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc. **#1** Suite, Apt. #, etc.

City & State **Miami, Fla** City & State

Zip **33128** Country **DADE** Zip Country

4. FEI Number
30-0127431

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARBARA HIGGS J
 7839 NORTH BAYSHORE DRIVE
 APT 1
 MIAMI FL 33138**

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 _____ (NOTE: Registered Agent signature required when re-registering) 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TREA	OLIVA, THOMAS R	1851 NE 115 ST #C-18	MIAMI, FL 33181	<input type="checkbox"/>
SECR	LYNDA, BAPTISTE S	2020 NE 135 STREET - APT 1011	NORTH MIAMI, FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	LYNDA BAPTISTE S	2020 N. E 135 ST #1011	MIAMI - 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	BARBARA H. GGS	7839 N. Bayshore PR #1	Miami, Fla 33128	<input checked="" 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: SIGATURE REQUIRED **June 6, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (10/02)