## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2002 8:00 am **DOCUMENT # N20854 Secretary of State** 1. Entity Name 02-05-2002 90159 042 \*\*\*\*61.25 BLACK HERITAGE MUSEUM INC. Principal Place of Business Mailing Address 15801: SW 102 AVE: 15801 SW 102 AVE. PO BOX 570327 PO BOX 570327 MIAMI FL 33257-7327, MIAMI FL 33257-7327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BAILEY, ABE A. 20401 N.W. 2ND AVE. SUITE 101 City Zip Code **MIAMI FL 33169** FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITLE Change Addition TITLE ☐ Delete KRUIZE, PRISCILLA G. S. NAME NAME CR2E037 STREET ADDRESS 15801 S.W. 102ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Delete ☐ Addition TITLE TITLE ROBERTS, GARY NAME NAME STREET ADDRESS 15922 NW 38 PLACE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIAMI, FL ☐ Delete TITLE TITLE □ Change ☐ Addition NAME COFIELD, EVA J NAME 14110 VAN BUREN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITÝ-ST-ZIP CITY-ST-7IP

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