

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90154 044 \*\*\*\*70.00

**DOCUMENT # N94000000020**

1. Entity Name

**THE INSTITUTE OF BLACK FAMILY LIFE, INC.**

Principal Place of Business

Mailing Address

C/O FOCAL POINT  
 16405 NW 25TH AVE.  
 OPA-LOCKA FL 33054

C/O FOCAL POINT  
 16405 NW 25TH AVE.  
 OPA-LOCKA FL 33054-6581

940000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0501685**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, KELVIN**  
**16405 NW 25TH AVE.**  
**OPA-LOCKA FL 33054**

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  Delete  
 NAME **PD BAMIRO, VICTOR**  
 STREET ADDRESS **3231 NW 170TH ST.**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD BANKS, SANDRA**  
 STREET ADDRESS **11005 SW 154TH TERR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD EDMONDS, AUDREY**  
 STREET ADDRESS **295 NE 88TH ST**  
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **MEMBER (D)**  
 STREET ADDRESS **JACOB OLA OLAWALE**  
 CITY-ST-ZIP **3440 NW 203<sup>RD</sup> ST MIAMI, FL. 33055**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **MEMBER (D)**  
 STREET ADDRESS **EDGAR TYSON**  
 CITY-ST-ZIP **16405 N. W. 25<sup>TH</sup> AVE, OPA-LOCKA FL. 33054**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *[Signature]* **WILLIAMS, KELVIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305)  
**621-0903**

CR 037 1999