

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90500 007 ****70.00

DOCUMENT # N94000000020

1. Entity Name

THE INSTITUTE OF BLACK FAMILY LIFE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

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 **XXX**

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

TITLE Change Addition
 NAME **OLAWALE, JACOB O.**
 STREET ADDRESS **3440 N.W. 203rd ST.**
 CITY-ST-ZIP **OPALOCKA, FL 33054**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **OLAWALE, JACOB O**
 STREET ADDRESS **3440 NW-203RD ST**
 CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE Change Addition
 NAME **HOLLAND, JASON**
 STREET ADDRESS **16350 N.W. 39th CT.**
 CITY-ST-ZIP **MIAMI, FL 33054**

TITLE **D** Delete
 NAME **TYSON, EDGAR**
 STREET ADDRESS **16405 NW 25TH AVE**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **OLA BAMISHIGBIN**

MAY 17, 2001

(305)
 622-7450

CR2E037 (10/00)