

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90214 001 ***140.00

DOCUMENT # N99000001140

1. Entity Name

93RD ST. COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

**2330 N.W. 93RD STREET
 MIAMI FL 33147**

Mailing Address

**2330 N.W. 93RD STREET
 MIAMI FL 33147**

61620



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

65-0894816

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

**JOHNSON, CARL PASTOR
 2264 S.W. 182ND WAY
 MIRAMAR FL 33029**

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 _____ DATE _____

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 JOHNSON, CARL PASTOR**
 STREET ADDRESS **2264 S.W. 182ND WAY**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE Change Addition
 NAME *Same*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD WITHERSPOON, CLYDE DEACON**
 STREET ADDRESS **2251 N.W. 90TH STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE Change Addition
 NAME *Same*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WILLIAMS, EPHRAIM DEACON**
 STREET ADDRESS **17331 N.W. 32ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE Change Addition
 NAME *Same*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2001 305-836-0942

Date

Daytime Phone #

CR2E037 (10/00)