

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003058

1. Entity Name

AARON D. HALL, SR. AND BERNICE SWEET HALL FAMILY  
FOUNDATION, INC.

Principal Place of Business

Mailing Address

13910 N.W. 14TH AVENUE  
MIAMI FL 33167

13910 N.W. 14TH AVENUE  
MIAMI FL 33167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAUSTEIN, DONNA R ESQ.  
20803 BISCAYNE BOULEVARD  
SUITE 200  
AVENTURA FL 33180

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	D	<input type="checkbox"/> Delete
NAME	HALL, AARON D JR.	
STREET ADDRESS	13910 N.W. 14TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, FRANCENIA	
STREET ADDRESS	186 N.W. 86TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	LADLER, ERICA S	
STREET ADDRESS	205 SCENIC VIEW LANE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, DEREK S	
STREET ADDRESS	186 N.W. 86TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90067 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100709 ☐ Applied For  
☐ Not Applicable

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

CR2E037 (9/01)