

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

0006822

**DOCUMENT # N00000001529**

1. Entity Name

**BASKIN & MOORE SHELTER, INC.**



Principal Place of Business

**19020 NORTHWEST 8TH COURT  
MIAMI FL 33169-3826**

Mailing Address

**19020 NORTHWEST 8TH COURT  
MIAMI FL 33169-3826**

2. Principal Place of Business

**530 NW 190 ST**

3. Mailing Address

**530 NW 190 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33169**

Country

**AMERICA**

Zip

**33169**

Country

**AMERICA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0980877**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BASKIN, WALTER  
19020 NW 8 CT  
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name **WALTER BASKIN**

Street Address (P.O. Box Number is Not Acceptable)

**530 NW 190 ST.**

City **MIAMI**

**FL**

Zip Code **33169**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE *Walter Baskin*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*8/19/03*  
DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>PT</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>WASHINGTON, GEORGIA</b>      |                                 |
| STREET ADDRESS | <b>20401 NW 2ND AVENUE #207</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33169</b>           |                                 |
| TITLE          | <b>VPT</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>MILES, ALFRED</b>            |                                 |
| STREET ADDRESS | <b>20401 NW 2ND AVENUE #207</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33169</b>           |                                 |
| TITLE          | <b>TT</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>DELVA, CECELIA</b>           |                                 |
| STREET ADDRESS | <b>20401 NW 2ND AVENUE #207</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33169</b>           |                                 |
| TITLE          | <b>ST</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>FLOYD, MAME</b>              |                                 |
| STREET ADDRESS | <b>20401 NW 2ND AVENUE #207</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33169</b>           |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>PRESIDENT</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ALFRED MILES</b>       |                                                                              |
| STREET ADDRESS | <b>530 NW 190 ST</b>      |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33169</b>    |                                                                              |
| TITLE          | <b>Vice-President</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Georgia Washington</b> |                                                                              |
| STREET ADDRESS | <b>530 NW 190 ST</b>      |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33169</b>    |                                                                              |
| TITLE          | <b>TREASURER</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Cecelia Delva</b>      |                                                                              |
| STREET ADDRESS | <b>530 NW 190 ST</b>      |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33169</b>    |                                                                              |
| TITLE          | <b>SECRETARY</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MAMIE FLOYD</b>        |                                                                              |
| STREET ADDRESS | <b>530 NW 190 ST</b>      |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33169</b>    |                                                                              |
| TITLE          | <b>EXECUTIVE DIRECTOR</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>WALTER BASKIN</b>      |                                                                              |
| STREET ADDRESS | <b>530 NW 190 ST</b>      |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33169</b>    |                                                                              |
| 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: *Walter Baskin*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/19/03*  
Date

*305-999-0555*  
Daytime Phone #

CF2E037 (4/03)