

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N 00000003058**

1. Entity Name

MIAMI DADE FIRST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5422 NW 7 Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33127

Country
USA

Zip

Country

4. FEI Number

65-1087155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

Name

EDWARD COLEBROOK

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

5422 NW 7 Ave

City

Miami

FL

Zip Code

33127

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

Edward R. Colebrook

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when filing for change.)

DATE

FEE IS \$81.25

Initial or Amended UBR

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

TITLE
N-NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
COLEBROOK, EDWARD
5422 NW 7 Ave
Miami, FL 33127**

TITLE
N-NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
Miller, Scott
5422 NW 7 Ave
Miami, FL 33127**

TITLE
N-NAME
STREET ADDRESS
CITY-STATE-ZIP
**TD
CONLEY, BETTY
5422 NW 7 Ave.
Miami, FL 33127**

TITLE
N-NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
Whitehead, Linda
5422 NW 7 Ave.
Miami, FL 33127**

TITLE
N-NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

C12E0378 (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 517, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowering.

SIGNATURE

Edward R. Colebrook

EDWARD COLEBROOK

5/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exempt Phone

FILED

02 AUG 16 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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