

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000003703**

1. Entity Name

THE MIAMI JACKSON ALUMNI ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 AM 10:51

C0076720



DO NOT WRITE IN THIS SPACE

Principal Place of Business 60 NE 214 ST. MIAMI FL 33179		Mailing Address 60 NE 214 ST. MIAMI FL 33179	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent WHITEHEAD-SUTTON, CAROL 60 NE 214 ST. MIAMI FL 33179		7. Name and Address of New Registered Agent Name: SAME - No Changes, Carol Sutton Street Address (P.O. Box Number is Not Acceptable): 60 NE 214 ST City: Miami FL Zip Code: 33179	
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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: *Carol Sutton*
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 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President NAME: La Mar Jackson STREET ADDRESS: 540 Dunad St CITY-ST-ZIP: Opa-Locka FL 33054	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Carol Whitehead-Sutton STREET ADDRESS: 60 NE 214 St CITY-ST-ZIP: Miami FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Brendette Lovett NAME: Brendette Lovett STREET ADDRESS: 1327 NW 42 St CITY-ST-ZIP: Miami FL 33142	<input type="checkbox"/> Delete	TITLE: Warren Brown, Director NAME: Warren Brown STREET ADDRESS: 2160 NW 45 St CITY-ST-ZIP: Miami FL 33142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: Place - President NAME: Barbara Green-Sands (SAME) STREET ADDRESS: 18121 NW 6th St CITY-ST-ZIP: Miami FL 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: Board of Director NAME: Brian Person STREET ADDRESS: 1260 NW 203 St CITY-ST-ZIP: Miami FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: Board of Director NAME: Albert Jones STREET ADDRESS: 1130 NE-196 Terr CITY-ST-ZIP: Miami FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: Corresponding Secretary NAME: Collette Williams STREET ADDRESS: 1845 NW 129 Terr CITY-ST-ZIP: Miami FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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: *Carol Sutton* **Carol Sutton** 9-8-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)