2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004152

Secretary of State 1. Entity Name 04-24-2002 90317 044 ****61.25 PEOPLE FOR A BETTER COMMUNITY, INC. Mailing Address Principal Place of Business 4251 NW 24TH ST 4251 NW 24TH ST LAUDERHILL FL 33313 LAUDERHILL FL 33313 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1111567 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DYER, JAMES 4251 NW 24TH ST LAUDERHILL FL 33313 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be After September 13, 2002, Trust Fund Contribution. Added to Fees Department of State min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Director Addition ☐ Delete TITLE TITLE COOK Textess CLARKE, LYNORE NAME NAME 7660 Farragut Street STREET ADDRESS 4251 NW 24TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Addition ☐ Change - Delete TITLE NAME CHARLES, WAVENEY NAME STREET ADDRESS STREET ADDRESS 14895 NE 18 AVE, BUILDING 1 #3D CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33181 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME Warner, Janey STREET ADDRESS STREET ADDRESS 4251 NW 24TH ST CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE ¥.

NAME :

STREET ADDRESS

CITY-ST-ZIP

IIREDUNDAN CHARKE

☐ Delete

☐ Change

☐ Addition

FILED

Jul 07, 2002 8:00 am