2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 12, 2001 8:00 am
Secretary of State
05-10-2001 90083 015 ****65.00

DOCUMENT # N00000005554

1. Entity Name

THE PEOPLE'S COMMUNITY OUTREACH AND DEVELOPMENT

Principal Place of Business	Mailing Address
10360 SW 212TH STREET STE 208 MIAMI FL 33189	10360 SW 212TH STREET STE 208 MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

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 65-1040212 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARNER, LEVAN M 20315 NW 34 AVE OPA-LOCKA FL 33056-1850	Name: GUY GARMAN. Street Address (P.O. Box Number is Not Acceptable): 3801 S OCEAN DR 42 City: HOLLYWOOD FL Zip Code: 33019

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: Roy A Campbell 4-27-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CAMPBELL, ROY 10360 SW 212TH STREET STE 208 MIAMI FL 33189	☐ Delete	ANN LESLIE 10520 SW 149 TERR MIAMI FL - 33176-T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MORRISON, PETHRONA 18700 SW 102 AVE MIAMI FL 33157	☐ Delete	KAREN WALKER 29925 SW 154 AVE HOMESTEAD-FL-33033-T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GAINES, ULYSSESA 21491 SW 114TH CT MIAMI FL 33189	☒ Delete	LAURA MIRABAL 21012 SW 122 CORT T MIAMI - FL - 33177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: ROY A. Campbell 4-27-01-305-3782082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #