## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000006956

Entity Name: ALLIANCE FOR COMMUNITY EXCELLENCE, INC.

FILED Apr 15, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1751 NW 5TH AVENUE POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** 1751 NW 5TH AVENUE POMPANO BEACH, FL 33060 FEI Number: 65-1068277 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SABIR, NASHID 18350 NW 2ND AVENUE MIAMI, FL 33169 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete RASHEED, RAYMONDE RASHEED, RAYMOND N Name: Name: 1751 NW 5TH AVENUE Address: 1751 NW 5TH AVENUE Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060 Title: Title: () Change () Addition ( ) Delete Name: HAMIN, MIKAL T Name: Address: 193-B NE 141ST STREET Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: Title: DS () Delete Title: () Change () Addition HAMIN, AFRAH J Name: Name: 193-B NE 141ST STREET Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: Title: DT ( ) Delete Title: () Change () Addition Name: MATEEN, MALIK A Name: Address: 800 ALI BABA AVENUE Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: Title: () Delete () Change () Addition SABIR, HASHID Name: Name: 18350 NW 2ND AVENUE 5TH FLOOR Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition SALIM, HASAN A Name: Name: Address: Address: 4122 NW 11TH COURT MIAMI, FL 33127 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HASAN A SALIM D 04/15/2002