## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0000007306 1. Entity Name LAUDERHILL BUSINESS ALLIANCE, INC. Principal Place of Business Mailing Address 2331 NORTH STATE ROAD 7 2331 NORTH STATE ROAD 7 SUITE 201 SUITE 201 LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3 Mailing Address

## FILED May 15, 2001 8:00 am, Secretary of State

05-15-2001 90191 007 \*\*\*\*61.25

C0066493



2331 N. State Kd 7		2331 N. State Rd			T LEEDINGS WIT BONIN						
Suite, Apt. #, etc. Suite 201		Suite, Apt,#, etc. Suite 201		<b>7</b>		DO NOT WRITE	E IN THIS SP	ACE			
Gity & Star	iderhill, Fl	City & State Lauder	ill, P	/	4. FEI Number	10485	95		pplied For ot Applicable	}	
zip 333	313 SUSA	<sup>Zip</sup> 33313	Country		5. Certificate of	of Status Desired		8.75 Add			
	6. Name and Address of Current R			7. Name and	Address of New Re	gistered Ag	ent		1		
		Name	Name								
GILL, A. WAYNE				Street Address (R.O. Box Number is Not Acceptable) — — — — —							
GILL & ASSOCIATES, P.A.											
1499 W. PALMETTO PARK RD., STE. 312											
BOCA RATON FL 33486							FL	Zip Cod	.e	]	
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.											
, and the second of the second											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typed or printed fizine or registered agent an	d tile ir applicable. (NOTE: F	registered Agent signa	iture required v	when reinstating)		DATE				
	5U 5 NOW										
	FILE NOW:	<ol> <li>Election Campaign F</li> <li>Trust Fund Contributi</li> </ol>		\$5.00 May Be Make Check Payable Added to Fees Department of State			-	,			
FEE IS \$61.25 Trust Fund Contribution				☐ Added to Fees Department of State							
10.	OFFICERS AND DIRE	CTORS	11.	Α	DDITIONS/CHA	NGES TO OFFICER	S AND DIRE	CTORS IN	10		
TITLE	President/Director	☐ Delete	TITLE	Dir	ector.			Change	☐ Addition	8	
NAME	Grace Burrett.	,	NAME	Ca	-1 Back	man,	1			9	
STREET ADDRESS CITY-ST-ZIP	5100,NW 7370 W	ay,	STREET ADDRESS	630	of Falls	Circle Do	rive 7	·201	<i>r</i> '	34	
	Loudernill, FI 3	<u> 3319</u>	CITY-ST-ZIP		iclorhill,	FI 3331				CR2E037 (10/00)	
TITLE NAME	Vice resident	☐ Delete	TITLE NAME	Direc	13	-1-	L	] Change	☐ Addition	5	
STREET ADDRESS	Del Legitiony	· • • • • • • • • • • • • • • • • • • •	STREET ADDRESS	HOLD	an Gon	301647	+201			l	
CITY-ST-ZIP	Table Bill 13	319	CITY-ST-ZIP	Lan	dechill	7 23312	· acoi				
TITLE	Secretory.	☐ Delete	TITLE	Dicer	tor •	1 2/22/01		Change	Addition		
NAME	Polly Wirkie	1-	NAME	Tan	ara Pe	acock -	. 1 2/	~ ·			
STREET ADDRESS - GITY-ST-ZIP	11131 Taft Street		STREET ADDRESS	301	East Lä	s olas BI	rd #	2/2			
	temproke fines;	33026	CITY-ST-ZIP	<u> </u>	Lauguro	ale, tie	5300				
TITLE NAME		00 ractor□ Delete	TITLE NAME	Hice	ctor Ha	น 🕟	, <u> </u>	] Change	Addition		
STREET ADDRESS	Michele Colle	101	STREET ADDRESS	1774	J. W. Co	mnercia	1 Blvd	<i>l</i> .			
CITY-ST-ZIP	35W 1294 Ave. # Demorake Pines FI	33027	CITY-ST-ZIP	Lou	10-61	F1 333	200				
TITLE	Director	☐ Delete	TITLE	Man	a sign I	)irecter		] Change	☐ Addition		
NAME	Elisah Wooten .		NAME	Den		orence_	-	,g-			
STREET ADDRESS	2000 City Hall Dry	ve -	STREET ADDRESS	394	1 N. O. 3	34th Way			(	ı	
CITY-ST-ZIP	Laurer MILIFI 3:	5313	CITY-ST-ZIP	Lau	derdale	lakes F	1 333	<i>309</i>			
TITLE	pirector Tabasas	☐ Delete	TITLE					] Change	☐ Addition		
NAME STREET ADDRESS	HYSTY, DELLES, D	17, #201B	NAME CTREET ADDRESS						ļ		
CITY-ST-ZIP	Lauderhill El =	32/3	STREET ADDRESS CITY-ST-ZIP						}		
12. Lhereby c	ertify that the information supplied with th	is filing does not qualify for the	o overnation etc.	ted in Sect	ion 110 07/31/3	Elorida Statutas 14	ethou contr	46-446-7	62		
indicated	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										

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.

Treasurer 4-30-01(954)450-7921 SIGNATURE: