

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90008 023 ****70.00

DOCUMENT # N00000007315

1. Entity Name

COMMUNITY ORGANIZATION LEARNING PROJECT FOR DEVE

Principal Place of Business

15760 S W 105TH COURT
MIAMI FL 33157

Mailing Address

15760 S W 105TH COURT
MIAMI FL 33157

2. Principal Place of Business

15760 SW 105 Ct

3. Mailing Address

15760 SW 105 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

Zip

33157

Country

4. FEI Number

65-105407-3

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARNER, LEVAN M
20315 N W 34TH AVENUE
OPA-LOCKA FL 33056-1850

7. Name and Address of New Registered Agent

Name

WARNER, LEVAN M

Street Address (P.O. Box Number is Not Acceptable)

20315 N.W. 34TH AVE

City

OPA-LOCKA

FL

Zip Code

33056-1850

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE PD
NAME ROSS, GLENN
STREET ADDRESS 15760 S W 105TH COURT
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE SD
NAME DELORES, YEVONNE
STREET ADDRESS 16392 S W 109TH LANE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE TD
NAME CURRIE, DANIEL
STREET ADDRESS 16341 S W 114TH COURT
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/01 305-378-8541

Date

Daytime Phone #

CR2E037 (5/01)

Glenn Ross - PD.
15760 SW 105th
MIAMI, FL 33157

DOCUMENT # N0000000 7315

(NO CHANGES)

(Need Certificate) Additional \$8.75
(thank you)

Attachment

Doc # N0000000 7315
775228