2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with anyaddress

Sep 05, 2001 8:00 am Secretary of State DOCUMENT # N0000007506 09-05-2001 90025 045 ****61.25 JUBILANT ACTION COMMUNITY SERVICES, INC. Principal Place of Business Mailing Address 1821 NW 152ND ST. OPA LOCKA FL 33054 1821 NW 152ND ST. OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, HERBERT R JR. 1821 NW 152ND ST. OPA LOCKA FL 33054 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. SIGNATURE 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD TITLE ☐ Delete TITLE Change ☐ Addition SMITH, HERBERT R JR. NAME NAME STREET ADDRESS 1821 NW 152ND ST. STREET ADDRESS 937 CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP TITLE VD TITLE ☐ Change **Addition** DOWDELL, RENARD 1511 N.W. 93RD ST. MIAMI FL 33147 WILLIAMS, JAMES R NAME NAME 18435 NW 23RD CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = MIAMI-FL-33056 --CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition ROBBINS, LARRY NAME NAME STREET ADDRESS 18422 NW 23RD CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition EADDY, CATHERINE W NAME NAME STREET ADDRESS 20 NE 215TH ST. STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition WILLIAMS, TERRENCE R NAME NAME STREET ADDRESS 18435 NW 23RD CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 changing or on an attachment with an address with all other like among and accurate the same legal effect as if made under on an appears in Block 10 or Block 11 if

FILED

8/27/01