2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2002 8:00 am Secretary of State DOCUMENT # N00000008148 1. Entity Name CENTER FOR VIRTUAL ADVANCEMENT, INC. 02-05-2002 90019 039 ****61.25 Principal Place of Business Mailing Address 1055 NW 6TH AVENUE 1055 NW 6TH AVENUE FLORIDA CITY FL 33034 FLORIDA CITY FL 33034 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 65-1074863 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, CURTIS Street Address (P.O. Box Number is Not Acceptable) 15881 SW 287 STREET HOMESTEAD FL 33033 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 \$ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE (0/0 ☐ Defete TITLE Change ☐ Addition THOMAS, CURTIS D REV. NAME NAME STREET ADDRESS 15881 SW 287TH STREET STREET ADDRESS CITY-ST-ZIP **HOMESTEAD FL 33033** CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition alexander, John NAME NAME STREET ADDRESS 20742 SW 130TH STREET STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Additiõñ LOVETT, BENNIE NAME NAME STREET ADDRESS 505 SW 5TH AVENUE STREET ADDRESS CITY-ST-ZIE FLORIDA CITY FL 33034 CITY-ST-ZIP TITLE Delete TITLE Change Addition BEASLEY, WILLIE NAME NAME 405 NW 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIE HOMESTEAD FL 33033 CITY-ST-ZIP TITLE ☐ Delete Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

with an address.

changed, or on an attachagent

QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #