

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90245 011 ****61.25

DOCUMENT # N00000008148

1. Entity Name

CENTER FOR VIRTUAL ADVANCEMENT, INC.



Principal Place of Business

**1055 NW 6TH AVENUE
FLORIDA CITY FL 33034**

Mailing Address

**1055 NW 6TH AVENUE
FLORIDA CITY FL 33034**

20008139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1074863**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, CURTIS
15881 SW 287 STREET
HOMESTEAD FL 33033**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	THOMAS, CURTIS D REV.	15881 SW 287TH STREET	HOMESTEAD FL 33033	<input type="checkbox"/>						
D	ALEXANDER, JOHN	20742 SW 130TH STREET	MIAMI FL 33177	<input type="checkbox"/>						
D	LOVETT, BENNIE	505 SW 5TH AVENUE	FLORIDA CITY FL 33034	<input type="checkbox"/>						
D	BEASLEY, WILLIE	405 NW 11TH STREET	HOMESTEAD FL 33033	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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: **WILLIE BEASLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2003

CR2E037 (10/02)