FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 04, 2002 8:00 am DOCUMENT # N0100003023 **Secretary of State** 06-04-2002 90207 042 ****61.25 THE SOUTH MIAMI COMMUNITY REDEVELOPMENT AGENCY F OUNDATION, INC. Principal Place of Business Mailing Address 6130 SUNSET DRIVE 6130 SUNSET DRIVE SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DELLAGLORIA, JOHN C 2 DATRAN CENTER SUITE 1701 9130 SOUTH DADELAND BLVD Zip Code FL MIAMI FL 33156 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Charles D. Scurr, President Delete ☐ Change ☐ Addition TITLE TITLE 6130 Sunset Dr. NAME NAME STREET ADDRESS STREET ADDRESS South Miami, 21 33143 CITY-ST-ZIP CITY-ST-ZIP Ronetta Tay for, Sec. Treasu Bosleto 6130 Sunset Pr. ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS South Miam, H 33143 Julio Robaina, Diractor Delete 6130 Sunset Pr. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS S.Miami , 71 33143 CITY-ST-ZIP CITY-ST-ZIP Horace Felin, Director 6130 Sunset Orive ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS South Miami, Al 33/43 CITY-ST-ZIP CITY-ST-7IP David Bethel, Director Delete 6130 Sunset Dr.

CITY-ST-ZIP South Michie 21, 33/19 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 changed, or on an attachment with an address with all pher like empowered.

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

South Miami, H 33/43 James Bowman, Director Freiete 6170 Sunset Drive

18/02 305 - 668 - 7236

Date Date Dayliring Phone #

☐ Change

☐ Change

■ Addition

☐ Addition

	Attachment # NO	674757
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	6130 Sunset Or.	
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	J. B. Plummer, Director	<u> </u>
	6130 Sunset Or.	
	S. Miane, H. 33143	
	Randy Wiscombe, Direc	tor
	6130 Sunset Dr.	
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