

4/11/1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

04-11-2002 90018 035 ****61.25

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1. Entity Name

META CULTURAL AND DEVELOPMENTAL ASSOCIATION, INC

Principal Place of Business

1690 N.W. 195TH STREET
MIAMI FL 33169

Mailing Address

1690 N.W. 195TH STREET
MIAMI FL 33169

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1107407

☒ Applied For☐ Not Applicable5. 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

Name

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

City

FL

Zip Code

TAKEH, RALPH
1690 N.W. 195TH STREET
MIAMI FL 33169

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 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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
TAKEH, RALPH
1690 N.W. 195TH STREET
MIAMI FL 33169TITLE ☒ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
FONYAM, GEORGE
1690 N.W. 195TH STREET
MIAMI FL 33169TITLE ☒ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
TANGIE, DEBORA
1690 N.W. 195TH STREET
MIAMI FL 33169TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
FINANCIAL CONTROLLER
JUSTINA TAKEH
1690 N.W. 195TH ST
MIAMI FL 33169TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
VICE PRESIDENT
QUINTA MAH
1690 N.W. 195TH ST
MIAMI FL 33169TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)