

FILED
Aug 25, 2002 8:00 am
Secretary of State

02-12-2002 90085 001 ***490.00
 08-05-2002 90007 007 ***61.25

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

DOCUMENT # N0100005847

1. Entity Name

The Juanita Mincey Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2527 Opa-Locka Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 541575
 Suite, Apt. #, etc.

City & State
 Opa-Locka, Florida

City & State
 Opa-Locka, Florida

4. FEI Number
 59-2193980

Applied For
 Not Applicable

Zip
 33054

Country
 USA

Zip
 33054

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
 Lynn C. Washington

Street Address (P.O. Box Number is Not Acceptable)
 701 Brickell Ave. Suite 3000

City
 Miami

FL

Zip Code
 33133

**DO NOT WRITE
 IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
 Initial or Amended UBR

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME Denise Mincey-Mills
 STREET ADDRESS 8740 SW 12 Street
 CITY-ST-ZIP Pembroke Pines, FL.

TITLE VPT
 NAME Juanita Mincey
 STREET ADDRESS 2527 Opa-Locka Blvd,
 CITY-ST-ZIP Opa-Locka, FL. 33054

TITLE ST
 NAME Carnell Mincey
 STREET ADDRESS 2101 N.W. 153rd Street
 CITY-ST-ZIP Opa-Locka, FL. 33054

TITLE T
 NAME Lynn C. Washington
 STREET ADDRESS 701 Brickell Ave #3000
 CITY-ST-ZIP Miami, FL. 33133

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Juanita Mincey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juanita Mincey, V.P.

7/26/02

305-769-3044

DATE

Company Phone

41957

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)