

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

Zip

33054

Country

USA

City & State

Opa-Locka, Florida

Zip

33054

Country

USA

4. FEI Number

59-2193980

Applied For

Not Applicable

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	Denise Mincey-Mills	8740 SW 12 Street	Pembroke Pines, FL.
VPT	Juanita Mincey	2527 Opa-Locka Blvd.	Opa-Locka, FL. 33054
ST	Carnell Mincey	2101 N.W. 153rd Street	Opa-Locka, FL. 33054
T	Lynn C. Washington	701 Brickell Ave #3000	Miami, FL. 33133

**DO NOT WRITE
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 Juanita Mincey, V.P. 7/26/02 305-769-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

41957

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)