

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

FILED

02 MAY 15 PM 12:29

04-10-2002-90017.027 *****61.25
04-09-2002-90737.011 *****61.25
TALLAHASSEE, FLORIDA

B0061830

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000005930
1. Entity Name
JAMES B. GERTMAN ACHIEVEMENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2096 Rutlënd Street
Suite, Apt. #, etc.

3. Mailing Address
2096 Rutlënd Street
Suite, Apt. #, etc.

City & State
Opalocka, Florida

City & State
Opalocka, Florida

Zip Country
33054 USA

Zip Country
33054 USA

4. FEI Number
02-0570710

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James B. Gertman

Street Address (P.O. Box Number is Not Acceptable)
2096 Rutlënd Street

City
Miami

FL Zip Code
33054

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 *J. B. Gertman* **03-25-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when creating.) 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	President/Secretary James B. Gertman 2096 Rutlënd Street Miami, Florida 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-OZEIL GERTMAN 2096 Rutlënd ST Opalocka Fl 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Susan Aikens 1801 Wilmington ST Opalocka Fl 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: *James B. Gertman* **03-27-02** **305-688-6858**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone FAX

CR2E0376 (12/01)