

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-11-2002 90032 006 ****70.00

DOCUMENT # NO1000006023

1. Entity Name

DR. TYRONE HILL'S CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

14130 NORTHWEST 3RD AVENUE
 BISCAYNE GARDENS FL 33168

POST OFFICE BOX 471635
 MIAMI FL 33247

2. Principal Place of Business

P.O. Box 471498

Suite, Apt. #, etc.

MIAMI FL 33247

City & State

3. Mailing Address

P.O. Box 471498

Suite, Apt. #, etc.

MIAMI FL

City & State



DO NOT WRITE IN THIS SPACE

22197

Zip
 33247

Country
 U.S.A.

Zip
 33247

Country
 U.S.A.

4. FFR Number

65-1131509

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

8. 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

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/02

DATE

FILE NOW: FEE IS \$61.25

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	<input checked="" type="checkbox"/> Delete
NAME	HILL, TYRONE B PH.D	
STREET ADDRESS	14130 NORTHWEST 3RD AVENUE	
CITY-ST-ZIP	BISCAYNE GARDENS FL 33168	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DOMOND, CLAUDIE	
STREET ADDRESS	14130 NORTHWEST 3RD AVENUE	
CITY-ST-ZIP	BISCAYNE GARDENS FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOMOND, JOSUE	
STREET ADDRESS	14130 NORTHWEST 3RD AVENUE	
CITY-ST-ZIP	BISCAYNE GARDENS FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, TOMALENA	
STREET ADDRESS	14130 NORTHWEST 3RD AVENUE	
CITY-ST-ZIP	BISCAYNE GARDENS FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GLENN	
STREET ADDRESS	14130 NORTHWEST 3RD AVENUE	
CITY-ST-ZIP	BISCAYNE GARDENS FL 33168	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, ANNIE J	
STREET ADDRESS	14130 NORTHWEST 3RD AVENUE	
CITY-ST-ZIP	BISCAYNE GARDENS FL 33168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Bernieqtha smith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2231 NW 75 ST	
STREET ADDRESS	MIAMI FL 33147	
CITY-ST-ZIP		
TITLE	Butler philius	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	29 NE 70 ST	
STREET ADDRESS	MIAMI FL 33138	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

305 542 5340

Daytime Phone #

CR2E037 (9/01)