

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

Amendment

DOCUMENT # *NO1000906023*

1. Entity Name

DR. Tyrone Hill's Charitable Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1413 NW 2nd Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 471498

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33161

Country

U.S.A.

Zip

33247

Country

U.S.A.

4. FEI Number

65-1131509

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Spieser & UTRERA, P.A.

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

1840 Coral Way 4th Floor

City

Miami

FL

Zip Code

33145

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/24/02

DATE

Not Changing

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	<i>President P/V Tyrone Hill 1413 NW 3rd Ave Miami FL 33161</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tomalena Weaver T/S 1900 NW 62 St Miami FL 33147</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Josue Domond D 1413 NW 3rd Ave Miami FL 33161</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Claudia Domond D 1413 NW 3rd Ave Miami FL 33161</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Annie J. Davis D 1527 Bert Dr Ft. Myers FL 33916</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Tyrone Hill P/V

*10/24/02 528 1991
305.381.9521*

CR2E037B (12/01)