

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90026 034 ****61.25

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1. Entity Name

**URIAH GOLARB COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business

**6245 MIRAMAR PKWY.
MIRAMAR FL 33025**

Mailing Address

**6245 MIRAMAR PKWY.
MIRAMAR FL 33025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number **65-1142827**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURRY, FRANCIS
345 NE 156TH ST.
MIAMI FL 33167**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CEO** ☐ Delete
NAME **CURRY, FRANCIS**
STREET ADDRESS **345 NE 156TH ST.**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **CEO** ☒ Change ☐ Addition
NAME **Curry, Francis**
STREET ADDRESS **6600 Cypress Rd 105**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **D** ☐ Delete
NAME **TAYLOR, PHILIP**
STREET ADDRESS **821 SE 3RD ST.**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **EDWARDS, ANTONETT**
STREET ADDRESS **2026 NW 43RD TERR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SMITH, PAUL**
STREET ADDRESS **1011 SW 96TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NEMBARD, LESLINE**
STREET ADDRESS **2102 SE 15TH ST.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Francis Curry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #