

(corrected copy)

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

FILED

DOCUMENT # N01000006367

1. Entity Name

AFRICAN AMERICAN PERFORMING ARTS COMMUNITY T

02 SEP 16 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1832 NW 59TH STREET

3. Mailing Address
POST OFFICE BOX 472451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-1137565

Applied For

Not Applicable

Zip
33142

Country

Zip
33247-2451

Country

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 HARRELL, JR. THEODORE R.

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

1832 NW 59TH STREET

City MIAMI

FL

Zip Code
33142

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)

9/11/02
DA

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 D
HARRELL, THEODORE R. JR.
STREET ADDRESS 1832 NW 59TH STREET
CITY-ST-ZIP MIAMI FLORIDA 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME T
PRYOR, JOHN
STREET ADDRESS 1905 NW 171ST STREET
CITY-ST-ZIP MIAMI FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME T
GAINEY, ANDRE L
STREET ADDRESS 1221 NW 33RD STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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 OR DIRECTOR

9/11/02
Date

305-751-4043
Daytime Phone #

CR2E037B (12/01)

9/11/02