## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000006834

May 23, 2002 8:00 AM Secretary of State

Entity Name: BUILDING NEIGHBORHOODS INTEGRATING COMMUNITY ENRICHMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10012 S W 223RD TERRACE MIAMI, FL 33190 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1119 MIAMI, FL 33197 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, CARL 10012 S W 223RD TERRACE MIAMI, FL 33190 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition ROBINSON, CARL Name: Name: Address: 10012 S W 223RD TERRACE Address: City-St-Zip: MIAMI, FL 33190 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ESTRADA, MARIA Name: Address: 4420 S W 136TH PLACE Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ROBINSON, ALFREDA Name: JENKINS, CURTIS Name: 1446 N W 1ST AVENUE 18443 SW 87 PLACE Address: Address: City-St-Zip: MIAMI, FL 33034 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: ( ) Change (X) Addition SCHOLNICK, LOUISE Name: Name: 15851 SW 112 STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: ( ) Change (X) Addition COOPER, BEN Name: Name: 14821 JACKSON STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL ROBINSON D 05/23/2002