

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000000382

1. Entity Name

AFRICAN LINK MULTICULTURAL ARTS EDUCATION CENTER
INC.



Principal Place of Business

738 NW 62 STREET
MIAMI FL 33150

Mailing Address

738 NW 62 STREET
MIAMI FL 33150

2. Principal Place of Business

738 NW 62nd St

Suite, Apt. #, etc.

3. Mailing Address

738 NW 62nd St

Suite, Apt. #, etc.

City & State

miami FL

City & State

miami FL

Zip

33150

Country

DADE

Zip

33150

Country

DADE

4. FEI Number

02-0859081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISSAC, LESLIE

738 NW 62 STREET

MIAMI FL 33150

7. Name and Address of New Registered Agent

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

Lesley Isaac

NA Lesley Isaac

7/23/03

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
After September 10, 2003, min will be \$236.25

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

TITLE PD
NAME YOUNG, HUGO
STREET ADDRESS 738 NW 62 STREET
CITY-ST-ZIP MIAMI FL 33150

☐ Delete

TITLE SD
NAME SMITH, DAMON
STREET ADDRESS 738 NW 62 STREET
CITY-ST-ZIP MIAMI FL 33150

☐ Delete

TITLE TD
NAME ISSAC, LESLIE
STREET ADDRESS 6217 N W 7 STREET
CITY-ST-ZIP MIAMI FL 33150

☐ Delete

TITLE D
NAME REDDICK, GERALD
STREET ADDRESS 738 NW 62 STREET
CITY-ST-ZIP MIAMI FL 33150-4332

☐ Delete

TITLE D
NAME YOUNG, ALPHA
STREET ADDRESS 755 NW 59 ST
CITY-ST-ZIP MIAMI FL 33128

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

Lesley Isaac

7/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

0008206