

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-16-2003 90183 011 ****61.25

DOCUMENT # N02000003458

1. Entity Name

ARCOLA COMMUNITY ASSOCIATION INC.



Principal Place of Business

**1351 NW 88 STREET
MIAMI FL 33147-3218**

Mailing Address

**1351 NW 88 STREET
MIAMI FL 33147-3218**

55047318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

MOODY, BOB

**1351 NW 88 STREET
MIAMI FL 33147-3218**

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

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 **PRESIDENT** ☐ Delete
NAME **BOB MOODY** (D)
STREET ADDRESS **1351 NW. 88 ST**
CITY-ST-ZIP **MIAMI, FL 33147**

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

TITLE **1ST VICE-PRESIDENT** ☐ Delete
NAME **SAMUEL RAHMINGI** (D)
STREET ADDRESS **830 NW. 84 ST**
CITY-ST-ZIP **MIAMI, FL 33150**

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

TITLE **2ND VICE-PRESIDENT** ☐ Delete
NAME **VACANT**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **SECRETARY** ☐ Delete
NAME **EVELYN FLEMING** (D)
STREET ADDRESS **930 NW. 84th**
CITY-ST-ZIP **MIAMI, FL 33150**

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

TITLE **ASST. SECT.** ☐ Delete
NAME **LILLIE BELL** (D)
STREET ADDRESS **1360 NW. 88 ST**
CITY-ST-ZIP **MIAMI, FL 33147**

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

TITLE **TREASURER** ☐ Delete
NAME **JAMES RANDOLPH** (D)
STREET ADDRESS **1030 NW. 87 ST**
CITY-ST-ZIP **MIAMI, FL 33150**

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)(f), 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:

BOB MOODY

MAY 13, 03

607836-0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)