

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90209 039 *****61.25

DOCUMENT # N02000005555

1. Entity Name

T-MACK COMMUNITY TECHNOLOGY CENTER, INC.



Principal Place of Business

**870 NW 168 TERR
MIAMI FL 33169**

Mailing Address

**870 NW 168 TERR
MIAMI FL 33169**

2. Principal Place of Business

9820 NW 7 Avenue

3. Mailing Address

9820 NW 7 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1084770

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

33150

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACK, TORRENCE
870 NW 168 TERR
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name **Torrence Mack**

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

9820 NW 7 Avenue

City **Miami**

FL

Zip Code **33150**

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

Torrence D. Mack

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

TITLE **P** ☐ Delete
NAME **MACK, TORRENCE**
STREET ADDRESS **PO BOX 681553**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **VT** ☐ Delete
NAME **MACK, J.D.**
STREET ADDRESS **PO BOX 681553**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **ST** ☐ Delete
NAME **WORTHEY, KAREN**
STREET ADDRESS **PO BOX 681553**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **T** ☒ Delete
NAME **JOHNSON, BRIDGETT**
STREET ADDRESS **PO BOX 681553**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **T** ☐ Delete
NAME **CARTER, ROGER**
STREET ADDRESS **PO BOX 681553**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Daniels, Kellie**
STREET ADDRESS **PO Box 681553**
CITY-ST-ZIP **Miami, FL 33168**

TITLE ☐ Change ☐ Addition
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 persons empowered.

SIGNATURE:

Torrence D. Mack

(305) 625-1935

CR2E037 (10/02)