

# 2903 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000006447

1. Entity Name

EDISON TRI-PLEX RESIDENT ASSOCIATION, INC.



Principal Place of Business

5821 NW 7TH AVE  
MIAMI FL 33127

Mailing Address

5821 NW 7TH AVE  
MIAMI FL 33127

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

55-0798579

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VANTERPOOL, JOAN  
5821 NW 7TH AVE, APT. #312  
MIAMI FL 33127

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

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	<input type="checkbox"/> Delete
NAME	VANTERPOOL, JOAN	
STREET ADDRESS	5821 NW 7TH AVE / EDISON TOWERS APT 312	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	P	<input type="checkbox"/> Delete
NAME	FOZARD, MINNIE	
STREET ADDRESS	5900 NW 6TH AVE- APT #207/ EDISON GARDENS	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	P	<input type="checkbox"/> Delete
NAME	PROVIDENCE, E. ARIANDE	
STREET ADDRESS	655 NW 56TH ST, APT. #106/ EDISON TERRACES	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500021406845
STREET ADDRESS	07/09/03--01009--023 **17.50
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500021406845
STREET ADDRESS	07/09/03--01009--024 **17.50
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500021406845
STREET ADDRESS	07/09/03--01009--025 **17.50
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500021406845
STREET ADDRESS	07/09/03--01009--026 **17.50
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500021406845
STREET ADDRESS	07/09/03--01009--027 **17.50
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE

JOAN VANTERPOOL 4/2/03 305-759-6604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

CR2E037 (10/02)

0023146