

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

FILED

03 JUN 25 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*

DOCUMENT # *NO200000 6495*

1. Entity Name

*Chariots Community Enterprise Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3540 S.W 3rd St*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Melrose Park*

City & State

City & State

*Fort Lauderdale FL*

Zip

Country

Zip

Country

*FL 33312*

*Broward*

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*SAME AS # 2*

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

*06/25/03 01018 015 \*\*61.50*

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

*Pastor Barbara Bernard Shaw*

*Pastor Barbara Bernard Shaw 6-6-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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.* *President*  
NAME *KANDIS SHAHID*  
STREET ADDRESS *3541 S.W 3rd St Ft Lauderdale*  
CITY-ST-ZIP *33312*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*500021130615*  
*06/25/03-01018-015 \*\*61.50*

TITLE *V.P.* *Vice President*  
NAME *Alice Macotin Parker*  
STREET ADDRESS *2650 Greenwood Terr*  
CITY-ST-ZIP *9114 Boca 33431*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *S/T* *Secretary / Treasurer*  
NAME *Sharon Salvary*  
STREET ADDRESS *160 N.W 176th St*  
CITY-ST-ZIP *Hollywood 33179*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Trustee* *Director*  
NAME *Mart Blumstein*  
STREET ADDRESS *3200 Huntington Street*  
CITY-ST-ZIP *Reston FL 33322*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Trustee* *Director*  
NAME *Dr Stephen Campbell*  
STREET ADDRESS *2000 Davis Dr. Davie FL*  
CITY-ST-ZIP *33323*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Trustee* *Director*  
NAME *Ava C. Douglas*  
STREET ADDRESS *3212 N.W 104th Ave*  
CITY-ST-ZIP *Sunrise 33351*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Kandis Shahid*

*KANDIS SHAHID*

*054-581-2569*

CR2E037B (12/02)