

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-06-2003 90103 045 ****70.00

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

DOCUMENT # N02000009933

1. Entity Name

PELICAN MINORITY COMMUNITY DEVELOPMENT CORPORATI
ON



Principal Place of Business

4501 SW 297 ST
HOMESTEAD FL 33032

Mailing Address

P O BOX 901872
HOMESTEAD FL 33090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ 68.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name JOSEPH G. Louis
Street Address (P.O. Box Number is Not Acceptable)

14501 SW 287 St

City Homestead Fl.

FL

Zip Code

33032

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 re-registering)

DATE

2/3/03

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 PD
NAME LOUIS, JOSEPH G
STREET ADDRESS 4501 SW 297 ST
CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Delete

TITLE VD
NAME LUBIN, MARK
STREET ADDRESS 4501 SW 297 ST
CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Delete

TITLE STD
NAME MICHELE, KERNA
STREET ADDRESS 4501 SW 297 ST
CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 14501 SW 287 St
CITY-ST-ZIP Homestead, FL 33032 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS Same address
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS Same address
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

CR2E037 (10/02)