

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90097 009 ****69.00

DOCUMENT # N03000001122
 1. Entity Name
UNITED C.B'ERS OF FLORIDA, INC.



Principal Place of Business Mailing Address
550 N.W. 30TH TERRACE FORT LAUDERDALE FL 33311-7642 **550 N.W. 30TH TERRACE FORT LAUDERDALE FL 33311-7642**

50028343



1st MOORE CR2E037 (10/04)

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 **11-3672029** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILEY, GLORIA
550 N.W. 30TH TERRACE
FORT LAUDERDALE FL 33311-7642

7. Name and Address of New Registered Agent
 Name **Gloria Gray Knight**
 Street Address (P.O. Box Number is Not Acceptable) **550 N.W. 30th Terrace**
 City **Fort Lauderdale** FL Zip Code **33311-7642**

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 **Gloria Gray Knight** **Gloria Gray Knight** **3/14/05**
Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	HALL, JOHN	
STREET ADDRESS	4920 LIGHTHOUSE CIRCLE APT. L	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILEY, GLORIA	
STREET ADDRESS	550 N.W. 30TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-7642	
TITLE	AS	<input type="checkbox"/> Delete
NAME	REID, GLORIA	
STREET ADDRESS	536 NW 2ND TERR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, LILLY	
STREET ADDRESS	4920 LIGHTHOUSE CIRCLE APT. L	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, GERALD	
STREET ADDRESS	6826 CAVALIER RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILEY, KENNETH	
STREET ADDRESS	555 NW 29TH TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, John	
STREET ADDRESS	6347 N.W. 22nd Court	
CITY-ST-ZIP	MARGATE, FL 33063-6928	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knight, Gloria Gray	
STREET ADDRESS	550 N.W. 30th Terrace	
CITY-ST-ZIP	Fort Lauderdale, FL 33311-7642	
TITLE	Sm (Business Manager)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vondell Wiley	
STREET ADDRESS	601 N.W. 18th Court	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, Lilly	
STREET ADDRESS	6347 N.W. 22nd Court	
CITY-ST-ZIP	MARGATE, FL 33063-6928	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sonya Addison	
STREET ADDRESS	601 N.W. 18th Court	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiley, Kenneth	
STREET ADDRESS	555 N.W. 29th Terrace	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	

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: **Gloria Gray Knight** **Gloria Gray Knight** **3/14/05** **(954) 792-3084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #