

**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**      **550 N.W. 30TH TERRACE**  
**FORT LAUDERDALE FL 33311-7642**      **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      Applied For  
**11-3672029**      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 3, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, JOHN 4920 LIGHTHOUSE CIRCLE APT. L COCONUT CREEK FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILEY, GLORIA 550 N.W. 30TH TERRACE FORT LAUDERDALE FL 33311-7642 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REID, GLORIA 536 NW 2ND TERR DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, LILLY 4920 LIGHTHOUSE CIRCLE APT. L COCONUT CREEK FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, GERALD 6826 CAVALIER RD. JACKSONVILLE FL 32208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILEY, KENNETH 555 NW 29TH TERR FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hall, John 6347 N.W. 22nd Court MARGATE, FL 33063-6928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Knight, Gloria Gray 550 N.W. 30th Terrace Fort Lauderdale, FL 33311-7642 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sm (Business Manager) Vondell Wiley 601 N.W. 18th Court POMPANO BEACH, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hall, Lilly 6347 N.W. 22nd Court MARGATE, FL 33063-6928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sonya Addison 601 N.W. 18th Court POMPANO BEACH, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wiley, Kenneth 555 N.W. 29th Terrace FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: 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 #