

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90053 025 ****61.25

DOCUMENT # N03503

1. Entity Name

THE JAMAICA NURSE'S ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 693254
 MIAMI FL 33269

P.O. BOX 693254
 MIAMI FL 33269-0254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2424021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARRETT, ROYLAND
 C/O JAMAICA NURSES' ASSOC. OF FLA. INC.
 18501 N.W. 7TH AVENUE
 MIAMI FL 33169

Name **GEORGE HEWELL**
 Street Address (P.O. Box Number is Not Acceptable)
C/O JAMAICA NURSES ASSOC. OF FLA. INC.
 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.

SIGNATURE *George Hewell*

3/29/00

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, ALTHEA	
STREET ADDRESS	18610 NW 9 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PATRICK, LORNETTE	
STREET ADDRESS	15500 SW 106 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PENSO, HYACINTH	
STREET ADDRESS	15250 NE 9 AVE	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FINDLAY, MAROLYN	
STREET ADDRESS	16226 SW 7 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	HUMES, ESTHER	
STREET ADDRESS	3550 NW 181 ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMANS, OLGA	
STREET ADDRESS	870 NW 172 TERR	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lornette PATRICK	
STREET ADDRESS	15500 SW 106 Avenue	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penso, Hyacinth	
STREET ADDRESS	15250 NE 9 Avenue	
CITY-ST-ZIP	N. MIAMI, FL 33162	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence, Aymer	
STREET ADDRESS	17181 SW 114 Avenue	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Nichols Grant	
STREET ADDRESS	6821 SW 40 Street	
CITY-ST-ZIP	MIRAMAR, FLORIDA 33023	

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*

3/29/00 305-585-5445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)