

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2002 8:00 am**
Secretary of State

02-25-2002 90072 006 ****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**

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

59-2424021

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEWELL, GEORGE
C/O JAMAICA NURSES' ASSOC. OF FLA. INC.
15500 SW 106TH AVE
MIAMI FL 33157**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOINETTE, PATRICK 15500 SW 106 AVENUE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENSO, HYACINTH 15250 NE 9 AVENUE MIAMI FL 33162	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYMER, LAWRENCE 17781 SW 114 AVENUE MIAMI FL 33196	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUMES, ESTHER 3550 NW 181ST ST MIAMI FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WILLIAMS, JEAN 14225 SW 47TH ST MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSTONE, ALEX 11315 SW 134TH AVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD CONSTANCE B HARDING #305 7981 S French Drive Pembroke Pines FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ELLIS, Hyacinth A 3800 E Lake Road Miramar FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARDING Nadeen S 257 N.W. 107 AVE Pembroke Pines FL 33026	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AKPODIETE Claudette 529 NW 130 Way Pembroke Pines FL 33028	<input 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:**ESTHER S. HUMES**
SIGNATURE REQUIRED (Inkman)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-02

Date

305-625-7535

Daytime Phone #

CR2E037 (9/01)