

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90144 002 ****61.25

DOCUMENT # N06311

1. Entity Name
WEST INDIAN-AMERICAN DAY CARNIVAL ASSOCIATION OF GREATER MIAMI, INC.

Principal Place of Business Mailing Address
1951 N.W. 85TH WAY 1951 N.W. 85TH WAY
PEMBROKE PINES FL 33024-3443 PEMBROKE PINES FL 33024-3443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2468750** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
THOMAS, ALDWYN C
1951 N.W. 85 WAY
PEMBROKE PINES FL 33024-3443

7. Name and Address of New Registered Agent
 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]* **ALDWYN C THOMAS** *[Signature]* **4/24/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, ALDWYN C	
STREET ADDRESS	1951 N.W. 85TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33024-3443	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREGOIRE, MARLENE	
STREET ADDRESS	17705 NW 55TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, TAMESHA L	
STREET ADDRESS	1951 N.W. 85TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33024-3443	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **ALDWYN C THOMAS** *[Signature]* **4/24/02** **(954) 435-4205**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)