


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90101 039 ****75.00

DOCUMENT # N09604	
1. Entity Name FLORIDA BLACK BELT ASSOCIATION, INC.	

Principal Place of Business 14800 MIAMI LAKE WAY SOUTH MIAMI LAKES FL 33014	Mailing Address 14800 MIAMI LAKE WAY SOUTH MIAMI LAKES FL 33014
--	--

2. Principal Place of Business	3. Mailing Address
---------------------------------------	---------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2646904	Applied For
	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent	
REYES, MANUEL 14800 MIAMI LAKE WAY SOUTH MIAMI LAKES FL 33014	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
------------------	--	-------------

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	REYES, MANUEL
STREET ADDRESS	14800 MIAMI LAKE WAY SOUTH
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	VPD <input type="checkbox"/> Delete
NAME	REYES, MANUEL JR.
STREET ADDRESS	14800 MIAMI LAKE WAY SOUTH
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	TD <input type="checkbox"/> Delete
NAME	REYES, VIMAN
STREET ADDRESS	14800 MIAMI LAKE WAY SOUTH
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	SD <input type="checkbox"/> Delete
NAME	REYES, MILAGROS
STREET ADDRESS	14800 MIAMI LAKE WAY SOUTH
CITY-ST-ZIP	MIAMI LAKES FL 33014
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:	REQUIRED	2-4-03	1786-306-1879	(305) 558-6961
-------------------	-----------------	---------------	----------------------	-----------------------

CR2E037 (10/02)