

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90121 041 ****61.25

DOCUMENT # N15670

1. Entity Name

CLINT O'NEIL NEEDY KIDS OF JAMAICA, INC.

Principal Place of Business

Mailing Address

**8341 NW 11 ST
PEMBROKE PINES FL 33024
US**

**8341 NW 11 ST
PEMBROKE PINES FL 33024
US**

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

59-2660703

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

**THOMPSON, ELGATA H.
8341 N.W. 11 ST.
PEMBROKE PINES FL 33024**

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 \$61.25

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 **DP** ☐ Delete
NAME **THOMPSON, ELGETA**
STREET ADDRESS **8341 NW 11TH ST.**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **VD** ☐ Delete
NAME **SIDON, CLINT O'NEIL**
STREET ADDRESS **2121 N. BAYSHORE DR.**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
NAME **MCKEN, JOANE**
STREET ADDRESS **1210 NW 186TH ST.**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **T** ☐ Delete
NAME **COMERIE, GODFREY**
STREET ADDRESS **4410 NW 173RD DR.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Elgeta Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15th 2002 954-432-6243
Date Daytime Phone #

0017307

CR2E037 (9/01)