

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90449 023 \*\*\*\*61.25

**DOCUMENT # N23571**

1. Entity Name  
**FLORIDA ORGANIZATION OF JAMAICANS, INC.**



Principal Place of Business

**15037 SW 141 TR  
MIAMI FL 33196**

Mailing Address

**15037 SW 141 TR  
MIAMI FL 33196**

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 **65-0079937**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BANCROFT, NORMA  
15037 SW 141 TR  
MIAMI FL 33196**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BELL, ARTHUR	
STREET ADDRESS	10275 S.W. 141ST CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BANCROFT, NORMA	
STREET ADDRESS	15037 SW 141 TERR	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHIN-A-YOUNG, NORMA	
STREET ADDRESS	13400 SOUTHWEST 108 PL.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALL, MYRTLE	
STREET ADDRESS	6100 SOUTHWEST 137 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOSTER, NORMA	
STREET ADDRESS	15207 SW 46 LANE	
CITY - ST - ZIP	MIAMI FL 33185	
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	
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 REQUIRED**

*[Signature]*

**2/5/2003**

CR2E037 (10/02)