

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM****Secretary of State****DOCUMENT # N23897**

1. Entity Name ALLAPATTAH-WYNWOOD COMMUNITY AND DEVELOPMENT CENTER, I NC.			
Principal Place of Business 1500 NW 16TH AVE. MIAMI FL 33125 US		Mailing Address 1500 NW 16TH AVE. MIAMI FL 33125 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FONSECA HERBERT S. SR. 604 S.W. 64TH AVE MIAMI FL 33144 US		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 _____		DATE 01/04/2001	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstalling)	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ED NAME FONSECA HERBERT S STREET ADDRESS 2655 NW 22ND COURT CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete	TITLE ED NAME FONSECA HERBERT S STREET ADDRESS 604 SW 64 AVE CITY-ST-ZIP MIAMI FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME CARREJA YOLANDA STREET ADDRESS 4750 NW 2 ST CITY-ST-ZIP MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME RODREQUEZ ROSINIA STREET ADDRESS 4750 N.W. 2 ST. CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete	TITLE S NAME RODREQUEZ ROSINIA STREET ADDRESS 4750 N.W. 2 ST. CITY-ST-ZIP MIAMI FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME FLORES YANIRET S STREET ADDRESS 3511 NW 17ST CITY-ST-ZIP MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME FONSECA HERBERT S. SR. STREET ADDRESS 2655 N.W. 22 CT. CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete	TITLE P NAME FONSECA HERBERT SSR. STREET ADDRESS 604 SW 64 AVE CITY-ST-ZIP MIAMI FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(f), 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: Herbert S Fonseca Sr		P 01/04/2001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E037 (11/00)