

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90107 021 ****61.25

DOCUMENT # N28514

1. Entity Name
DAVIS GROUP HOME, INC.



Principal Place of Business

**1931 RUTLAND STREET
OPA LOCKA FL 33054**

Mailing Address

**1931 RUTLAND STREET
OPA LOCKA FL 33054**

2. Principal Place of Business

1931 Rutland St.

Suite, Apt. #, etc.
OPA Locka, Fla

City & State
OPA Locka, Fla

Zip
33054

Country
Dade

3. Mailing Address

1931 Rutland St

Suite, Apt. #, etc.

City & State
OPA Locka, Fla

Zip
33054

Country
Dade



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0071179**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, ONA B.
1931 RUTLAND STREET
OPA LOCKA FL 33054**

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 **PD** ☐ Delete
NAME **DAVIS, ONA BELLE**
STREET ADDRESS **1931 RUTLAND STREET**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **VPD** ☐ Delete
NAME **BROWN, DWAIN M**
STREET ADDRESS **1931 RUTLAND STREET**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **TD** ☐ Delete
NAME **HISSON, ALLISON**
STREET ADDRESS **14370 NW 22ND AVE APT 6**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **S** ☒ Delete
NAME **LA ROTH, EVELYN**
STREET ADDRESS **1810 OPA LOCKA BLVD**
CITY-ST-ZIP **OPA LOCKA FL 33054**

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
NAME **HISSON Allison**
STREET ADDRESS **2545 NW 207th St**
CITY-ST-ZIP **APT 205 Miami Fla 33056**

TITLE ☐ Change ☐ Addition
NAME **LAWRENCE DAVIS**
STREET ADDRESS **1421 N.W. 74th St**
CITY-ST-ZIP **MIAMI, FLA 33147**

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

TITLE ☐ Change ☐ 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** *Ona Belle Davis 3/10/03 305-685-6940*

CR2E037 (10/02)