

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

0006628

DOCUMENT # N29646

1. Entity Name

MACK FOSTER HOME INC.



FILED

03 AUG 14 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

C/O MINNIE MACK  
2525 NW 159 TERRACE  
OPA LOCKA FL 33054

Mailing Address

C/O MINNIE MACK  
2525 NW 159 TERRACE  
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

MACK, MINNIE  
2525 NW 159 TERRACE  
OPA LOCKA FL 33054

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  
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MACK, MINNIE  
STREET ADDRESS 2525 NW 159 TERRACE  
CITY-ST-ZIP OPA LOCKA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500022631485  
08/28/03--01025--015 \*\*\$61.25

TITLE VD ☐ Delete  
NAME NEWBOLD, LILLIE  
STREET ADDRESS 3820 NW 207 STREET  
CITY-ST-ZIP CAROL CITY FL

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

TITLE SD ☐ Delete  
NAME ATKINS, JENNIE  
STREET ADDRESS 2565 NW 159 TERRACE  
CITY-ST-ZIP OPA LOCKA FL

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

TITLE T ☐ Delete  
NAME WILLIAMS, HELEN  
STREET ADDRESS 2520 NW 159 TERRACE  
CITY-ST-ZIP OPA LOCKA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *MINNIE MACK* REQUIRED

8/2/03

CR2E037 (4/03)

8/2/03

2525 N.W. 159 ter.

Opa Leckw H. 33054

To Whom This Concern  
As of June 30/03 I Close  
my Foster Home, I No longer  
Operated one.

I turn him back  
to his mother

Your truly  
Minnie Mack