

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

DOCUMENT # N 29792

1. Entity Name

BUILDING BETTER COMMUNITIES OF SOUTH FLORIDA I

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

PO BOX 562571

Suite, Apt. #, etc.

City & State  
KENDALL, FL

Zip  
33156

Country  
US

3. Mailing Address

SAME AS PRICIPAL

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 650308878

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FARREL OWENS

Street Address (P.O. Box Number is Not Acceptable)

10430 SW 216 ST #206

City MIAMI

FL Zip Code  
33190

**DO NOT WRITE  
IN THIS SPACE**

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]*

FARREL OWENS

10/07/2002

FEE IS \$61.25  
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	P/ED- FARREL OWENS - D 10430 SW 216 ST #206 MIAMI, FL 33190	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP-REV. JOE L SUMPTER - D 17901 SW 107 AVE MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T- DON BICKHAM - D 18935 SW 95 AVE MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S-TRACEY SCOTT - D 7226 NW 22 AVE MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*

FARREL OWENS

10/7/2002 (305) 256-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

# Building Better Communities

*of South Florida*

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am requesting that the reinstatement fee that may have been accrued as a result of late filing be waived. My waiver request is substantiated due to the uniform business report not being received by the company. If there are any questions regarding this matter, please do not hesitate to call me at (305) 256-0170 or (786) 486-7409. your concern and prompt attention is greatly appreciated.

Sincerely,



Farrel Owens  
CEO/ Executive Director