

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31742

Entity Name

IMPROVEMENT OF MINORITIES IN INTERNAL REVENUE SERVICE (AIM-IRS), INC.

Principal Place of Business

C/O CROOK, TERRI  
POST OFFICE BOX 15736  
PLANTATION FL 33318

Mailing Address

C/O CROOK, TERRI  
POST OFFICE BOX 15736  
PLANTATION FL 33318  
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0070697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, TERRY  
7850 SW 6TH COURT  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Terri Crook, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/05/2002

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CROOK, TERRI	
STREET ADDRESS	1700 PALM BEACH LAKES	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, TERRY	
STREET ADDRESS	7850 SW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERSON, RENEE	
STREET ADDRESS	7850 SW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIBBS, VONICE	
STREET ADDRESS	300 LOCK ROAD	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ACKLIN, RHONDA	
STREET ADDRESS	7850 SW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BYRD, CALVIN	
STREET ADDRESS	300 LOCK ROAD, STOP 5420	
CITY-ST-ZIP	DEERFIELD BEACH FL	

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	
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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	

2. 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: Terri Crook, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2002

(954) 423-7489

CR2E037 (9/01)

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90168 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE