

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 91102 008 \*\*\*\*61.25

**DOCUMENT # N38679**

1. Entity Name

**SOUTH FLORIDA GUYANESE ASSOCIATION, INC.**

Principal Place of Business

**4440 NW 11TH ST  
LAUDERHILL FL 33313**

Mailing Address

**4440 NW 11TH ST  
LAUDERHILL FL 33313**

J 4 0 4 3 3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0201288**

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

**HYMAN, GEORGE R.  
4200 NW 35 AVENUE  
LAUDERDALE HILLS FL 33309**

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

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
PD NORVILLE, CYRIL 4440 NW 11TH ST LAUDERHILL FL 33313	<input type="checkbox"/>		
SD KERSTING, ELIZABETH 5820 NW 11TH ST. APT. 103 PLANTATION FL 33313	<input type="checkbox"/>		
VPD BAKER, COLLIN 5048 SW 130 TERR. MIRAMAR FL 33027	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:***Cyril Norville* **CYRIL NORVILLE****4-19-01 954-792-0036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)