| | MWP. OR | | | | | | State |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # N39360 1. Corporation Name | | | | | | | |
| THE BLACK BUSINESS ASSOCIATION, INC. | | | | | * 7 tg 17 tg | | The state of the s |
| Principal Place of Business Mailing Address | | | | | | | |
| 6600 N.W. Miami Fl | 27TH AVE STE 208 33147 | 6600 N.W. Miami FL 3 | 27TH AVE., STE 20 13147 | 3 | | I-FEB-22_PM-4: 07_ | |
| If above a | addresses are incorrect in any way, lin | e through incorrect | information and en | ter correction below | REINS | TATENENT | 00-01 |
| | incipal Office Address, If Applicable | | New Mailing Office Address, If Applicable | | 4. Date iricor To Do Bus | sorated or Qualified Iness in Florida | /1000 |
| Suite, Apt. | | | Suite, Apt. #, etc. | | 5. FEI Numbe | - - | Applied For |
| | | | Zip Country | | 6. | 65-0413263 | Not Applicable |
| | | | | | <u> </u> | e OF STATUS DESIRED for a C | ertificate of Status |
| Title(s) | and Street Addresses of Each Officer Name of Officers and/or Directors 2 | S | 3 | Street Address of Eac Officer and/or Directo | h | City / State / 2 | Zip |
| PD | PIERSON, RANDY DUFFIE, Alben | | 15251 NE 18TH AVE., #12 | | 7 7-04 | MIAMI FL 33162 33147 | |
| VD | JENNINGS, KEITH | | | OPA LOCKA AIRPORT BUILDING 406 | | -MIAMI FL 33054 | |
| 3D | MCNEILL, ANN | 6600 NW 27TH AVENUE, SUITE 202 | | | MIAMI FL 33147 | | |
| | | | | | | 600003/784 -02/9/00F | 465 A |
| | | | | | | ************************************** | 01095-002 |
| | 6175 112 11 11 | | <u></u> | _ | | ****306.25 | ****306.25 |
| 8. Name and Address of Current Registered Agent Name John | | | | | E. Dixo | | (8/00) |
| | | | | | W 27th | is Not Acceptable) Ave Suite 208 | |
| N City | | | | | The state of the s | State Zip | Code |
| nature o | | a above named corp | poration, am familia | r with and accept the o | | tion 607.0505, F.S | 3147 200 |
| istered | Agent Agent | REGISTERED A | SENT MOST SIGN | 41111 | yu | Date Date | |
| his rein owed by | that I am an <u>officer or director or the reason</u> for estatement application, the reason for y the corporation have been paid and application is true and accurate, and n | dissolution has bee the names of indivi | n eliminated, the co duals listed on this | orporate name satisfies form do not qualify for | the requirements an exemption un | of section 607.0401 or 617.0401, F | S., that all fees |
| 27. 1113 | So see and accordance, all of the | | | AMA | | re. 28 2 av | AND |